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MARYLAND STATE PLANNING COMMISSION

100 Equitable Building
Baltimore 2, Maryland

January 1, 1949

Honorable Wm. Preston Lane, Jr.
Governor of Maryland
Annapolis, Maryland

Dear Governor Lane:

I take pleasure in submitting herewith "State Planning, 1947 - 1948," the latest of a series of reports issued by the Planning Commission for the purpose of making available to the citizens of Maryland a review of its major activities and publications.

Some ten years ago the State Planning Commission established one of its most important committees, the Committee on Medical Care. The provision of adequate medical facilities and care for the people of the State persists as a major problem. Four of the reports released by the Commission in the past two years, dealing with aspects of this problem, were concerned with a hospital survey and plan for the State, medical and dental care programs for Baltimore City, and a State-wide tuberculosis control program.

The preparation of the recommended Capital Improvement Program continues to be one of the Planning Commission's most valuable functions. Since the "Six-Year Capital Improvement Program" was prepared in 1941 it has been re-examined and revised biennially. The 1947 Program, which is summarized herein, was the last one to be planned on a two-year basis. Beginning this year the Capital Improvement Program will be prepared annually.

In the sphere of economic development the report of the Committee on Wholesale Market Facilities for Greater Baltimore is of considerable significance; its subject is of vital concern to a large region of the State. The Commission's study of "A Functional Plan for the Baltimore Metropolitan District" deals with another pressing regional problem, that of coordinating and integrating the planning of public services and improvements for a major portion of the State's population.

I wish to take this opportunity to thank you for the warm encouragement you have extended to the State Planning Commission in all of its endeavors.

Respectfully submitted,

Henry P. Irr, Chairman

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FOREWORD

Periodically, since its inception in 1933, the Maryland State Planning Commission has issued summaries of its major activities as reported in its publications. The Planning Commission is charged with the responsibility of preparing and coordinating plans for the physical development of the State, and is directed to collect and publish information relating to the welfare of the people of Maryland. Recommendations growing out of the study of important problems facing the State are made to the General Assembly.

In regard to public welfare, medical care has been a primary area of concern. The first four reports reviewed in this document deal with problems in the field of medical care. During and since the war no major construction has been possible and there has resulted an accumulation of needs by the State's institutions. A comprehensive survey was required of existing facilities, current accepted standards of services, and the level of needs of the State. The "Hospital Survey and Plan for the State of Maryland" reports on the medical care requirements of the people of Maryland and lists, in order of greatest need, those facilities that must be established to bring the State's hospital program up to the standards set by the United States Public Health Service. The three other reports in this group deal with medical and dental care programs, and a State-wide tuberculosis control program.

In the area of physical planning, one of the continuing and major efforts of the Commission has been the biennial review of the Six-Year Capital Improvement Program. In the biennium of 1939-1940 the State Planning Commission initiated the systematic programming of capital improvement expenditures for the State. The first Program was presented to the General Assembly in 1941. Every two years since that time a revised program has been prepared for the

Governor and General Assembly, recommending an integrated program of urgent capital improvements.

One of the special reports issued by the State Planning Commission covered the study made by its Director, I. Alvin Pasarew, of the need for integrated and coordinated planning for the Baltimore Metropolitan District. As the result of an examination of the possible methods for meeting this need, "A Functional Plan for the Baltimore Metropolitan District" was proposed. To carry out integrated planning, so as to provide maximum benefit for the total metropolitan area, the Baltimore Metropolitan District Planning and Coordinating Committee was established in April 1948 and a coordinated approach to inter-community problems was initiated.

In the field of economic development the Commission's "Report on Wholesale Market Facilities for Greater Baltimore Area" has been an important contribution. For the past twenty years attempts have been made to formulate plans for the improvement and modernization of the Baltimore Wholesale Market. None of these attempts were successful and in 1947 the General Assembly requested the State Planning Commission to undertake a survey of the wholesale market and to submit recommendations regarding the problem. A comprehensive survey of the situation was made and feasible plans for the development of a new wholesale market were submitted to the Governor in October 1948.

One of the Commission's most widely used publications has been the "Manual of Coordinates for Places in Maryland." This pocket-sized guide, making possible the identification and location of some 12,000 places in the State, has been of very practical value to the State and local agencies and to the public at large.

The "Compendium of State Research Activities" was the first issue of what the Commission plans to be a continuing inventory of research activities

conducted by State agencies in behalf of the State and its subdivisions. It is intended that a comprehensive inventory of research activities will be made as frequently as once a year and preparationsfor the Second Inventory of State Research Activities are now underway.

Two publications summarized in this document deal with governmental activities on the local level. "Local Government Reporting in Maryland" reviews the methods used for reporting revenues and expenditures. The lack of consistency in the type of information reported, and the base period used, made for a chaotic situation when attempting to compare the records of local governments. The report's recommendation that a uniform fiscal year and system of accounting be instituted for all political subdivisions of the State was adopted in Chapter 328 of the Acts of 1947. The "Survey of Local Planning in Maryland" summarizes the authority for planning and the use of that authority by the incorporated municipalities and each of the counties in the State. This report has been designed to serve as a handy reference to the status of local planning in Maryland.

INTERIM REPORT OF COMMITTEE ON MEDICAL CARE 1/

Since its formation in 1940, the Committee on Medical Care of the State Planning Commission has had the responsibility of keeping "under constant survey the problems of medical care for the citizens of this State." The Interim Report of the Committee on Medical Care, headed by Dr. Maurice C. Pincoffs, covers the Committee's activities since issuance of its earlier report in 1944. The major recommendation of the 1944 report was that a Bureau of Medical Services be created within the State Department of Health, and that this Bureau administer a program of medical care for the indigent and medically indigent in the counties of Maryland. The 1945 General Assembly enacted Chapter 91 for the purpose of establishing such a bureau.

Medical Care Program

One of the more important sections of this Interim Report is the report of the Committee to Study the Medical Care Needs of Baltimore City. The report sets forth a program for the care of the indigent and medically indigent in Baltimore City, so that the residents of Baltimore could receive the same type of medical services established earlier for the counties. In addition, the Committee reviewed the activities of all private, voluntary, and government agencies dealing with medical care, with a view to suggesting means for the integration of these activities into a medical care program beneficial to all of the people of the City.

The Committee felt that the responsibility for the coordination of health services for the City was a proper function of the City Health Department. In carrying out this responsibility the City Health Department would

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1/ Interim Report of Committee on Medical Care, Maryland State Planning Commission, Publication No. 50, 52 pp., January 1947.

require the services of a qualified full-time medical administrative officer who would, under the Commissioner of Health, be responsible for planning and carrying out the program of a new Medical Care Section in the Health Department.

The study made by the Committee indicated numerous shortcomings in certain facilities and programs for medical care. Immediate attention was directed to the urgent need for a chronic disease hospital for the Baltimore area. A survey of 1,500 families living in the Eastern Health District of Baltimore revealed that 20% of the population over 40 years of age suffered from chronic diseases. These illnesses presented one of the most pressing medical problems in the community. Between 500 and 600 chronically ill persons were continually on the waiting list for hospital beds.

In recognition of the need for chronic disease beds, Chapter 421 of the Acts of 1945 provided for the construction of three State chronic disease hospitals. One of the hospitals was to be located in the Baltimore area, one on the Eastern Shore, and one in Western Maryland.

A second serious inadequacy in the medical services of the City was in the provision for medical care for the recipients of public assistance and other persons in the low economic groups. The medical service plan for these groups was an extension of the one already inaugurated in the counties. However, the plan provided for full utilization of the extensive medical facilities available in Baltimore City.

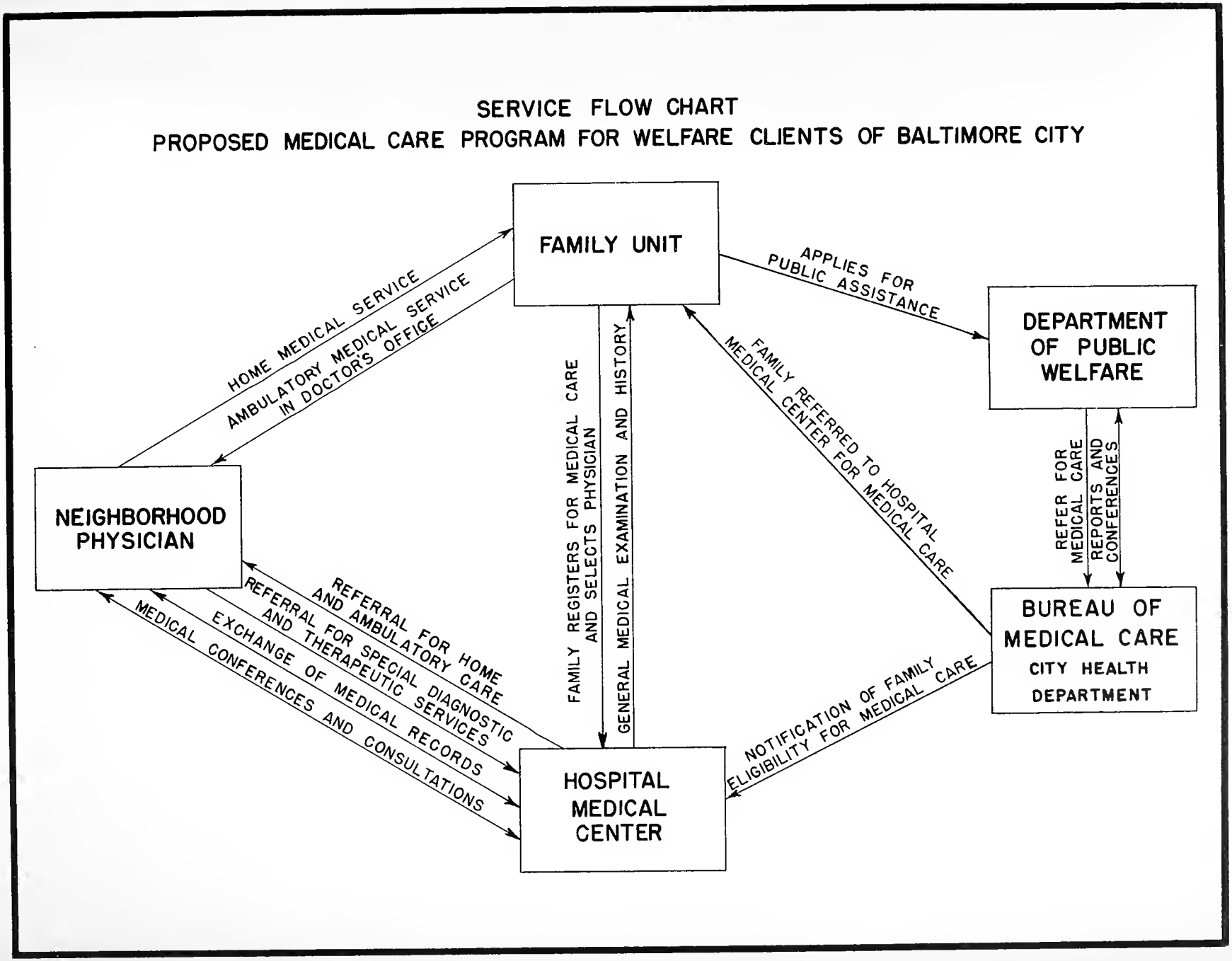
The specific plan recommended had two aspects: a) emergency medical service for Department of Public Welfare clients being given temporary assistance, and b) comprehensive service for clients being assisted over a long-term period. It was proposed that every family or individuals accepted for public assistance would be certified as eligible for medical care by the Medical Care

Section of the Department of Public Welfare. The Medical Care Section would sponsor medical centers in appropriate sections of the City. If possible the medical centers would be a part of the outpatient department of a hospital in the area. Each welfare client would be instructed to register at the medical center to which he was assigned whether or not he had an immediate need for treatment.

Physicians practicing in the area would be asked to cooperate in providing home and office care to welfare clients. If the client had a family physician he would be instructed to continue the physician's services. The medical center would be responsible for seeing that an adequate initial medical examination was made of each welfare client, and that his physician received a copy of the findings. The success of the program would depend upon the teamwork between the medical center and the participating physicians, who would utilize fully the services of the City Health Department. If the patient required hospital care the physician would notify the medical center which would arrange for hospitalization. In addition, a limited dental service would be available for emergency needs. The ultimate objective of the program would be to provide the welfare group in the City with continuous medical care covering preventative, diagnostic, and therapeutic services, and such auxiliary services as dentistry, nursing, and rehabilitation.

The Committee felt that principal financial support for such a program of medical care for welfare clients should come from State appropriations to the Bureau of Medical Services of the State Department of Health.

On the basis of the Committee's Interim Report, the 1947 Session of the General Assembly provided for a medical care program for the indigent in Baltimore City and authorized transfer of funds to the City for this purpose.


SERVICE FLOW CHART
PROPOSED MEDICAL CARE PROGRAM FOR WELFARE CLIENTS OF BALTIMORE CITY
FAMILY UNIT
DEPARTMENT OF PUBLIC WELFARE
NEIGHBORHOOD PHYSICIAN
BUREAU OF MEDICAL CARE
CITY HEALTH DEPARTMENT
HOSPITAL MEDICAL CENTER
HOME MEDICAL SERVICE
AMBULATORY MEDICAL SERVICE IN DOCTORS OFFICE
APPLIES FOR PUBLIC ASSISTANCE
FAMILY REGISTERS FOR MEDICAL CARE AND SELECTS PHYSICIAN
GENERAL MEDICAL EXAMINATION AND HISTORY
FAMILY REFERRED TO HOSPITAL MEDICAL CENTER FOR MEDICAL CARE
REFER FOR MEDICAL CARE
REPORTS AND CONFERENCES
REFERRAL FOR HOME AND AMBULATORY CARE
REFERRAL FOR SPECIAL DIAGNOSTIC AND THERAPEUTIC SERVICES
EXCHANGE OF MEDICAL RECORDS
MEDICAL CONFERENCES AND CONSULTATIONS
NOTIFICATION OF FAMILY ELIGIBILITY FOR MEDICAL CARE

During the 1948-49 biennium $690,000 was appropriated for the administration of this program.

State Tuberculosis Program

The Interim Report of the Committee on Medical Care discussed also the State's tuberculosis program. The Committee was concerned with exploring the advantages and disadvantages of the proposed transfer of the State Tuberculosis Sanatoria from the Maryland Tuberculosis Commission to the State Department of Health. There was general agreement on the desirability of coordinating the State's tuberculosis work, and it was felt that the administration of the Sanatoria could be advantageously combined with the other activities of the State Department of Health in the prevention and treatment of tuberculosis. The Committee unanimously recommended the transfer and Chapter 583 of the Acts of 1947 provided for this transfer.

Mental Hygiene Clinics

An adequate mental hygiene service was another program with which the Committee was concerned. There was found to be a widespread need and increasing public demand for mental hygiene clinics. As the result of a meeting called by the Executive Committee of the Committee on Medical Care, it was decided that the State Board of Health, through its State-wide organization of county health officers and nurses, was the agency best qualified to administer a noninstitutional mental hygiene service. The Committee recommended that a Division of Mental Hygiene be created in the State Department of Health and that legislation be enacted to enable the State to receive Federal funds, to be matched with local funds, in support of a mental hygiene program for outpatients. Chapter 716, of the Acts of 1947 provided for this program. On January 1948 one of the two "demonstration clinics" in the United States, under the National

Mental Health Act, was opened on the grounds of the University of Maryland at College Park. The clinic was established through the cooperative efforts of the State Department of Health, Prince George's County Health Department, and the United States Public Health Service.

State Hospital Survey

A major section of the Report of the Committee on Medical Care is devoted to an interim report of the State Hospital Survey. The Hospital Survey Committee has since completed its investigation, and the information and recommendations in the Interim Report were incorporated in the Committee's final report. A summary of the "Hospital Survey and Plan for the State of Maryland," published in April 1945, is included herein.

A DENTAL CARE PROGRAM FOR SCHOOL CHILDREN IN BALTIMORE CITY 1/

Dental care represents a large and important aspect of the medical care requirements of any community. The State Planning Commission's Committee to Study the Medical Care Needs of Baltimore City, a subgroup of the Committee on Medical Care, made a careful analysis of the problems of dental care in the City of Baltimore and proposed a program of dental care for children of school age.

At the request of Dr. Lowell J. Reed, the subcommittee's Chairman, the Surgeon General of the United States Public Health Service assigned Dental Surgeon Norman F. Gerrie to work with the Committee in assembling and analyzing the data needed to work out the program.

According to the study, few persons reach adolescence without evidence of dental caries. As a result, there is a constantly accumulating need for dental care. In 1940, of the total white population of Baltimore, 86.3% had one or more decayed, missing, or filled teeth.

On the basis of these data, it was possible to estimate the accumulated dental needs of the population of Baltimore. Table 4, from the report, indicates the needs for dental service by the white population of Baltimore. Since there is no evidence that the extent of the need for dental care among the Negro population would be any less, the total of dental care services required by the people of Baltimore would be one-fourth greater than the table indicates.

1/ A Dental Care Program for School Children in Baltimore City, Report of the Committee to Study the Medical Care Needs of Baltimore City, Committee on Medical Care, Maryland State Planning Commission, Publication No. 52, 26 pp., March, 1948.

TABLE 4

ESTIMATED TOTALS OF SPECIFIED DENTAL SERVICES REQUIRED FOR INITIAL CARE, WHITE POPULATION, BALTIMORE, 1940

Item of Service	Per Cent of Population Requiring Service	Number of Population Requiring Service	Average Rate of Required Service Per Person	Number of Items of Service Required*
Deciduous teeth	8.6	59,930		
fillings			3.8	264,881
extractions			0.8	55,666
Permanent teeth	86.3	597,811		
fillings			3.5	2,421,979
extractions			2.0	1,373,686
Prophylaxes	77.7	538,019	1.3	699,424
Crowns	**	**	0.1	63,882
Bridges				
fixed	14.7	101,835	1.4	145,101
removable	5.9	40,888	1.3	54,300
Partial dentures	13.4	93,049	1.0	93,049
Full dentures				
lower	9.3	64,340	1.0	64,340
upper	13.7	95,063	1.0	95,063
Pyorrhea treatment	9.6	66,742	**	66,742***
Vincent's Infection treatment	1.4	9,667	**	9,667***
Orthodontia	**	**	**	**

* Totals computed from age--specific rates
** Data not available
*** Minimum requirement

The initial care that would be required to restore the full dental function in individuals represents a task far too large for any community to undertake. It would require more than 2,400 dentists, or nearly four times the number in practice in Baltimore, to care for the accumulated dental needs of the population within a period of one year. The disparity between the estimated dental services required and those received annually is shown in Table 5.

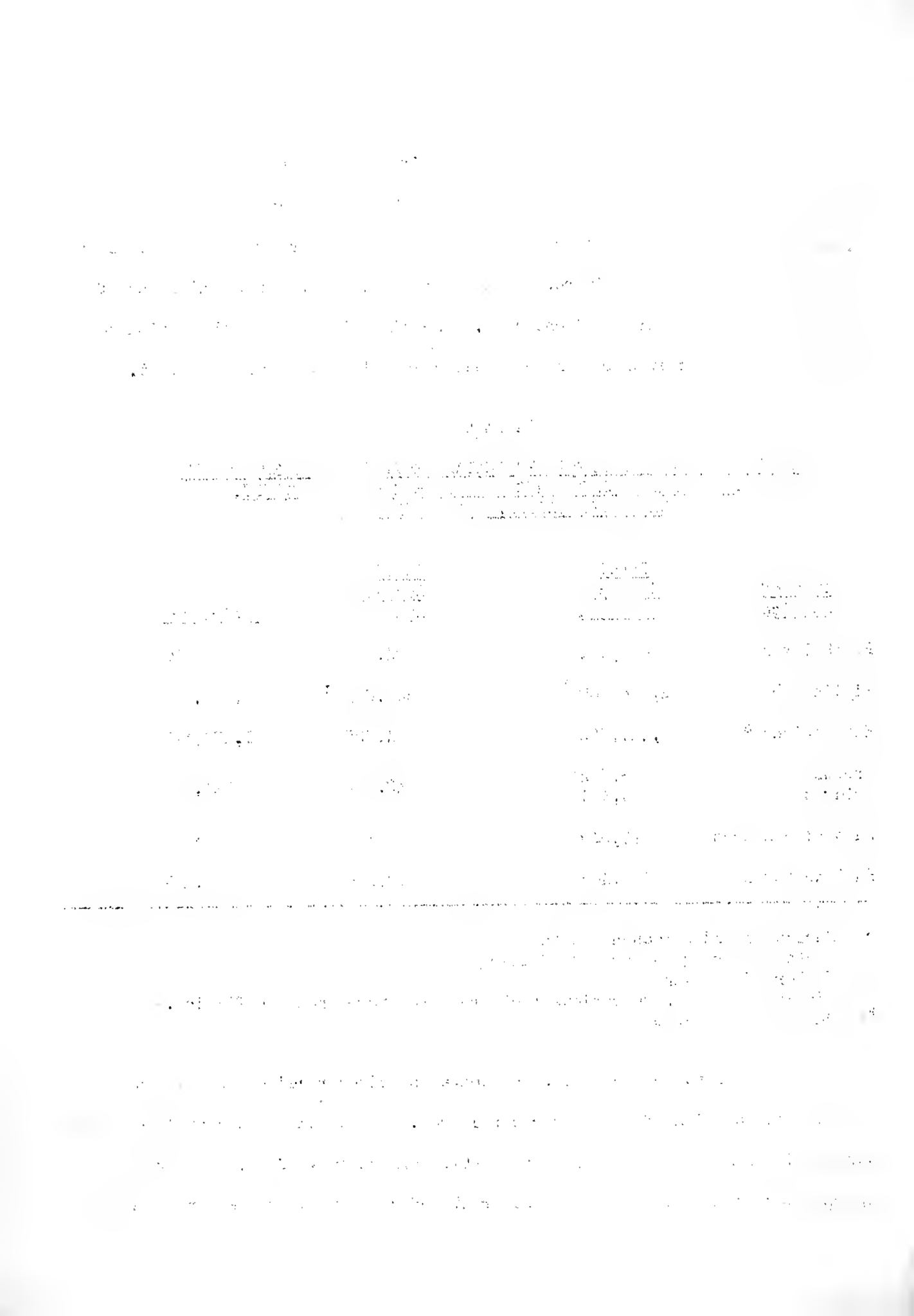
TABLE 5

ESTIMATED TOTALS OF SPECIFIED DENTAL SERVICES REQUIRED TO MEET ACCUMULATED NEEDS, AND ANNUAL RECEIPT OF SERVICES, WHITE POPULATION, BALTIMORE, 1940

Item of Service	Total Services Required	Services Received Annually	Deficiency
Prophylaxes	699,424	94,097	598,094
Fillings [a]	2,686,860 [b]	383,803 [c]	2,303,057 [d]
Extractions [a]	1,429,352	254,825	1,174,527
Crowns Bridges	63,882) 199,401)	42,232	221,051
Partial dentures	93,049	*	*
Full dentures	159,403	12,216	147,187

[a] Deciduous and permanent teeth
[b] Teeth requiring one or more fillings
[c] Number of fillings
[d] Minimum (The average carious tooth requires more than one filling.)
* Data not available

As this table indicates, the dental services received annually are only a small portion of the services required. The accumulated dental need has developed partly through neglect and partly through lack of suitable oral hygiene during the early years. The great defect in meeting the dental needs



of the community has been in the failure to take care of the annual requirements for tooth fillings.

Unquestionably, there exists a major need for the recognition of dental caries in childhood and the institution of effective treatment. A spot check of the practice of Baltimore's dentists showed that only about one fifth of their services were rendered to children, whereas one third of the City's population is under 18 years. In many instances their services were confined exclusively to adults. Furthermore, there is only a very limited dental program in the Baltimore schools, confined to emergency extractions. There are very few public dental clinics in the City, and all but the one associated with the University of Maryland have limited facilities.

The main need for dental care is among children and persons with low incomes. Therefore, the Committee felt that two specific programs were required: (1) dental examinations, treatment, and education in the schools; (2) limited dental care for those unable to pay for emergency treatment. The Committee also felt that the dental profession and community leaders should continue to explore means for a maintenance dental care program to be furnished at reasonable rates on a prepayment basis.

The dental care needs of the entire population cannot be met in a practical and economical manner until the services required can be supplied on a current basis and the accumulation of dental needs eliminated. This objective can be achieved by starting with a specific age group which is given complete care in the initial year and whatever maintenance is required on an annual basis thereafter. A constructive program of dental hygiene for school children would provide a good start. A practical program would begin with the examination and treatment of kindergarten and first-grade children. If the program were restricted by lack of funds or personnel, it would be advisable that complete

care be provided to a limited group in preference to providing partial services to a larger number.

It is estimated that such a program would cost $45,800 the first year and would increase to $176,600 by the ninth year. After this period the budget would remain constant except for changes in the number of children enrolled in the schools. By the tenth year about 100 dentists would participate in the program. In recent years several communities have inaugurated programs for comprehensive dental care of school children. During the first year of the program, about 30% of the children participate fully and this percentage increases to an estimated 70% by the end of ten years.

It is recommended that dentists in private practice be fully integrated into the dental care program for school children. All children should be examined and parents notified of the results and advised about required treatment. Parents should be informed at the same time that those financially able will be expected to use the services of private dentists. Dental service, within the limits of the resources available, should be provided to carry out recommended treatment to those unable to secure it privately. The children able to have private care would constitute a large portion of the 30% not included in the school's maintenance program. Children who participate in such a program will not accumulate dental needs.

Believing that this program for school dental care is practical and based on sound principles, the Committee to Study the Medical Care Needs of Baltimore City recommended:

1. The Division of Dental Hygiene in the Baltimore City Health Department be enlarged under the direction of a full-time public health dentist.

2. An expanding program of dental care be inaugurated in the public and parochial schools of Baltimore City in accordance with the program outlined in this report.

Since the issuance of the Committee's report, the City has appropriated $15,150 for initiation of the dental care program in the schools in 1949.

HOSPITAL SURVEY AND PLAN FOR THE STATE OF MARYLAND 1/

Adequate health services and facilities, and their availability both geographically and financially, are a matter of vital public concern. Public awareness of the needs and the inadequacies of health resources resulted in the enactment of a Federal law intended to encourage the States to measure existing facilities against needs and to provide aid in bringing inadequate facilities up to acceptable standards.

In connection with the Hill-Burton "Hospital Survey and Construction Act," (Public Law 725 of the 79th Congress) the Hospital Survey Committee, a subcommittee of the Commission's Committee on Medical Care, undertook a comprehensive survey of the State's hospital and public health requirements and available facilities. Herbert G. Fritz was appointed Director of the survey. Under the provisions of the Act, Federal funds to the extent of one third of the cost were authorized to assist the State in meeting the expense of this survey.

The Hospital Survey Committee undertook to:

1. Survey existing institutional facilities for the care of the sick and for the rendering of public health service.
2. Analyze the facts governing the availability and use of these facilities.
3. Define the need for additional facilities.
4. Develop a long-range program whereby existing facilities and such additional facilities as are recommended may operate to provide a comprehensive and integrated hospital service for the citizens of Maryland.

1/ Hospital Survey and Plan for the State of Maryland, Hospital Survey Committee of the Committee on Medical Care, Maryland State Planning Commission, Publication No. 53, 148 pp., April 1948.

Classifications of Hospitals

Hospitals were grouped and studied under the following classifications: general, tuberculosis, chronic disease, mental, and public health facilities. General hospitals include, at a minimum, provisions for medical, surgical, and obstetrical care. The survey revealed that although existing hospitals are reasonably well distributed, at no point in the State is there an adequacy of beds. General hospitals are conveniently located throughout the State with the exception of four areas: Garrett, Carroll, Caroline, and Worcester counties. Hospital projects are being actively planned in each of these areas.

Tuberculosis hospitals were found to be unsatisfactorily distributed geographically. Assignment of beds by race is not in equitable ratio to the need. State action on a program of chronic disease hospitals has been taken only in recent years. Chronic disease hospitals must include departments for chronic, convalescent, and incurable patients. They must maintain an active program of rehabilitation or they will become merely domiciliary institutions.

Mental hospital capacity is seriously short of the need and the geographic distribution of the hospitals is unsatisfactory. They are crowded beyond their capacities in spite of the fact that personnel falls short of the needs for normal bed capacity. Every phase of the health program is impeded by the shortage of both skilled and unskilled personnel.

The organizational arrangement of the public health program is satisfactory. Baltimore City and each county has its own health department. The housing facilities for the health centers are in most cases rented and are unsatisfactory.

The hospital survey, and the plan which it projects, reveals the degree to which the problem of medical care in Maryland has grown, and the dis-

crepancy between the existing facilities and present needs. The need for additional facilities in all categories is far in excess of that which can be provided with the present allotment of Federal funds. Considerable construction will have to be undertaken without the benefit of such assistance. In order to allocate the limited Federal funds a system of priorities, based on the intensity of need, was developed. The priorities are based on such factors as population densities and trends, geographic and racial distribution of the population, per capita income, ability of the community to support additional facilities, transportation, and industry and commerce in the area.

The distribution of the 200 institutions covered in the survey, by type of service and county, is shown in Table B, from the report.

For the purpose of determining hospital needs, areas were divided into three categories: base, intermediate, and rural. The population and nature of each area was used to estimate the facilities required. Studies have shown that hospital facilities now exist in direct ratio to per capita income rather than according to population. The basic intent of Public Law 725 was to provide financial aid toward the construction of hospital facilities in the areas needing them. The projected State Hospital Program attempts to correct the imbalance of beds to population.

TABLE B

INSTITUTIONS BY TYPE OF SERVICE AND COUNTY

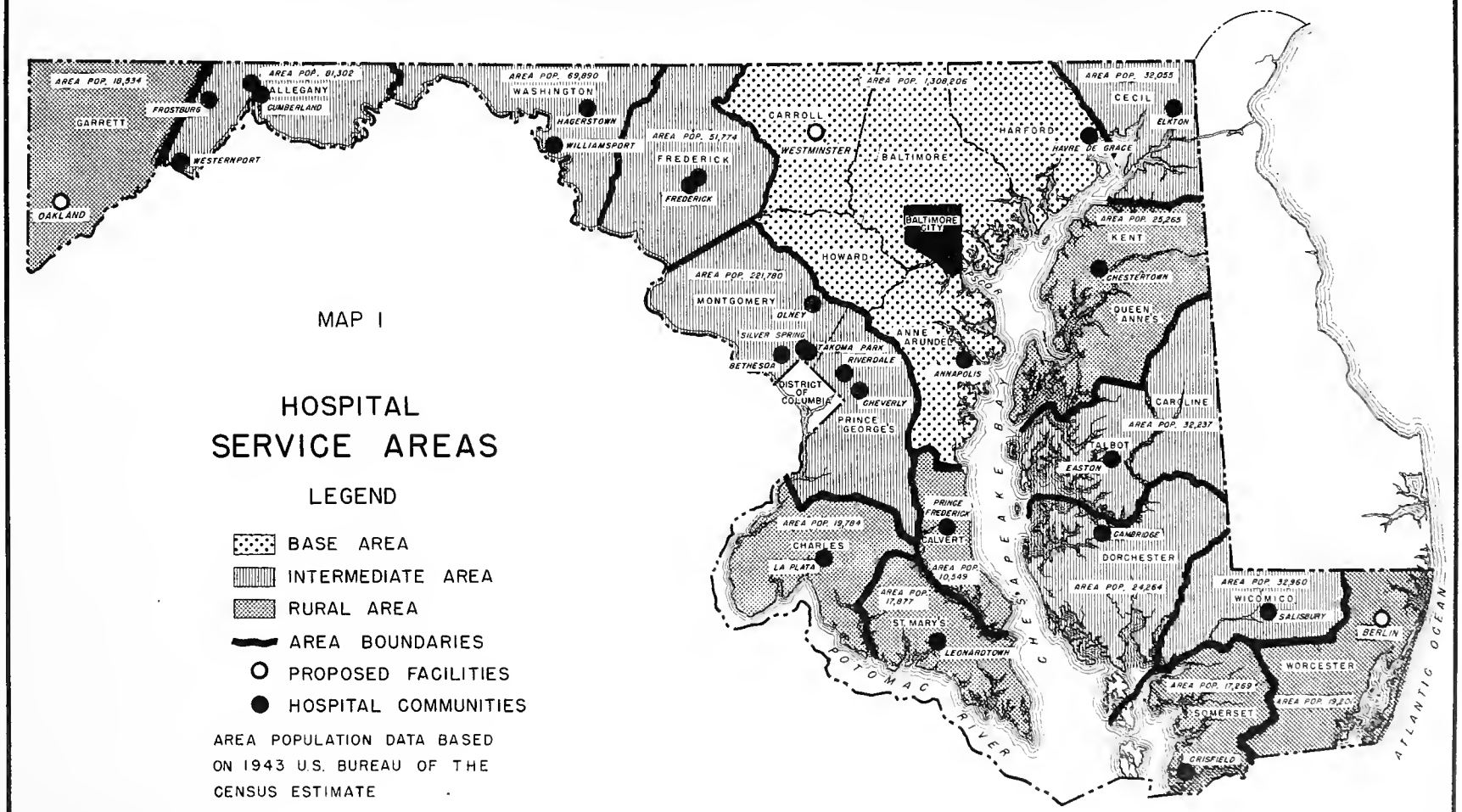
County	General	Nervous and Mental	Tuberculosis	Contagious	Obstetric	Pediatric	Orthopedic	Eye, Ear, Nose, and Throat	Convalescent	Skin and Cancer	Chronic	Others, Including Aged	Totals
Allegany	3	1	-	-	1	-	-	1	-	-	3	-	9
Anne Arundel	1	1	-	-	1	-	-	-	-	-	1	-	4
Baltimore	-	9	3	-	-	-	-	-	5	-	5	3	25
Calvert	1	-	-	-	-	-	-	-	-	-	-	-	1
Caroline	-	-	-	-	1	-	-	-	-	-	-	-	1
Carroll	-	1	1	-	-	-	-	-	2	-	-	3	7
Cecil	1	-	-	-	1	-	-	-	-	-	1	-	3
Charles	1	-	-	-	-	-	-	-	-	-	-	-	1
Dorchester	1	1	-	-	-	-	-	-	-	-	-	2	4
Frederick	3	1	1	-	-	-	-	-	-	-	-	3	8
Garrett	-	-	-	-	-	-	-	-	-	-	1	-	1
Harford	2	-	-	-	-	-	-	-	1	-	-	-	3
Howard	-	2	-	-	-	-	-	-	-	-	-	-	2
Kent	1	-	-	-	-	-	-	-	-	-	2	-	3
Montgomery	3	2	-	-	-	-	-	-	12	-	7	-	24
Prince George's	3	2	-	-	-	-	-	-	-	-	-	2	7
Queen Anne's	-	-	-	-	-	-	-	-	-	-	4	-	4
St. Mary's	1	-	-	-	-	-	-	-	-	-	-	-	1
Somerset	1	-	-	-	-	-	-	-	-	-	-	-	1
Talbot	1	-	-	-	2	-	-	-	-	-	-	2	5
Washington	1	-	-	-	1	-	-	1	2	-	3	1	9
Wicomico	1	-	1	-	-	-	-	-	2	-	-	1	5
Worcester	-	-	-	-	-	-	-	-	-	-	-	-	-
County Totals	25	20	6	-	7	-	-	2	24	-	27	17	128
Baltimore City	18	2	-	1	1	-	2	2	16	1	23	6	72
STATE TOTALS	43	22	6	1	8	-	2	4	40	1	50	23	200

General Hospitals

The standards in the Hill-Burton Bill for general hospital beds are; 4.5 beds per 1,000 population in base areas, 4.0 in intermediate areas, and 2.5 in rural areas. Only Baltimore City and the surrounding counties qualify as a base area. Eight areas qualify as intermediate and seven as rural. The State standard was established at 4.5 beds per 1,000 people and beds in excess of area standards were placed in a pool and allocated on the basis of unusual need. The pool contained 632 beds which besides the difference between State and area standards included an additional allowance for the increase in population between 1943 and 1945.

A detailed analysis was made of the general hospital facilities in each county. The acceptable normal capacity in the general hospitals in the State was 6,515 beds. The total number of beds needed was 9,154, leaving an unmet need for 2,639 beds. Where facilities in the counties failed to meet the standards, additional beds were allocated. When unusual conditions and very high utilization of existing facilities were found and the analysis indicated that the area required more facilities than the standards called for, extra beds were allocated from the pool.

General hospitals in the State range in complement from 17 beds to 984 beds. While the smaller hospitals serve the local communities, Johns Hopkins Hospital, the largest general hospital in the State, serves the world. Four counties in the State have large segments of their population residing more than 12½ miles from a general hospital. They are: Caroline, Carroll, Garrett, and Worcester counties. However, almost the entire population of the State is within 25 miles of a general hospital and this is not too far for patients to travel to suitable medical facilities. The only exceptions


MAP I
HOSPITAL
SERVICE AREAS
LEGEND
BASE AREA
INTERMEDIATE AREA
RURAL AREA
AREA BOUNDARIES
PROPOSED FACILITIES
HOSPITAL COMMUNITIES
AREA POPULATION DATA BASED ON 1943 U.S. BUREAU OF THE CENSUS ESTIMATE
AREA POP. 18,534
GARRETT
FROSTBURG
OAKLAND
WESTERNPORT
AREA POP. 81,302
ALLEGANY
CUMBERLAND
AREA POP. 69,890
WASHINGTON
HAGERSTOWN
WILLIAMSPORT
AREA POP. 51,774
FREDERICK
FREDERICK
AREA POP. 1,308,206
CARROLL
WESTMINSTER
BALTIMORE
HARFORD
HAVRE DE GRACE
AREA POP. 32,055
CECIL
ELKTON
BALTIMORE CITY
AREA POP. 23,265
KENT
CHESTERTOWN
HOWARD
AREA POP. 221,780
MONTGOMERY
OLNEY
SILVER SPRING
TAKOMA PARK
BETHESDA
RIVERDALE
DISTRICT OF COLUMBIA
CHEVERLY
PRINCE GEORGE'S
ANNE ARUNDEL
ANNAPOLIS
QUEEN ANNE'S
CHESAPEAKE BAY
CAROLINE
AREA POP. 32,237
TALBOT
EASTON
PRINCE FREDERICK
AREA POP. 19,784
CHARLES
LA PLATA
CALVERT
CAMBRIDGE
DORCHESTER
AREA POP. 10,549
AREA POP. 17,877
ST MARY'S
LEONARDTOWN
AREA POP. 24,264
AREA POP. 32,960
WICOMICO
SALISBURY
BERLIN
WORCESTER
AREA POP. 17,869
SOMERSET
AREA POP. 19,20
CRISFIELD
POTOMAC RIVER
ATLANTIC OCEAN
MILES
MARYLAND STATE PLANNING COMMISSION 1947

are the western half of Garrett County and a portion of Worcester County.

Since the hospitals of the State are generally well distributed, new construction should be as additions to existing hospitals, unless present structures are not acceptable. New installations are granted first priority, except where replacements are of a minor character or where a public hazard is to be replaced. The policies adopted by the Committee as a guide in the allocation of beds were:

1. Proprietary hospitals are eliminated.

2. Institutions having buildings which are considered hazards are also excluded, except for consideration on a replacement basis.

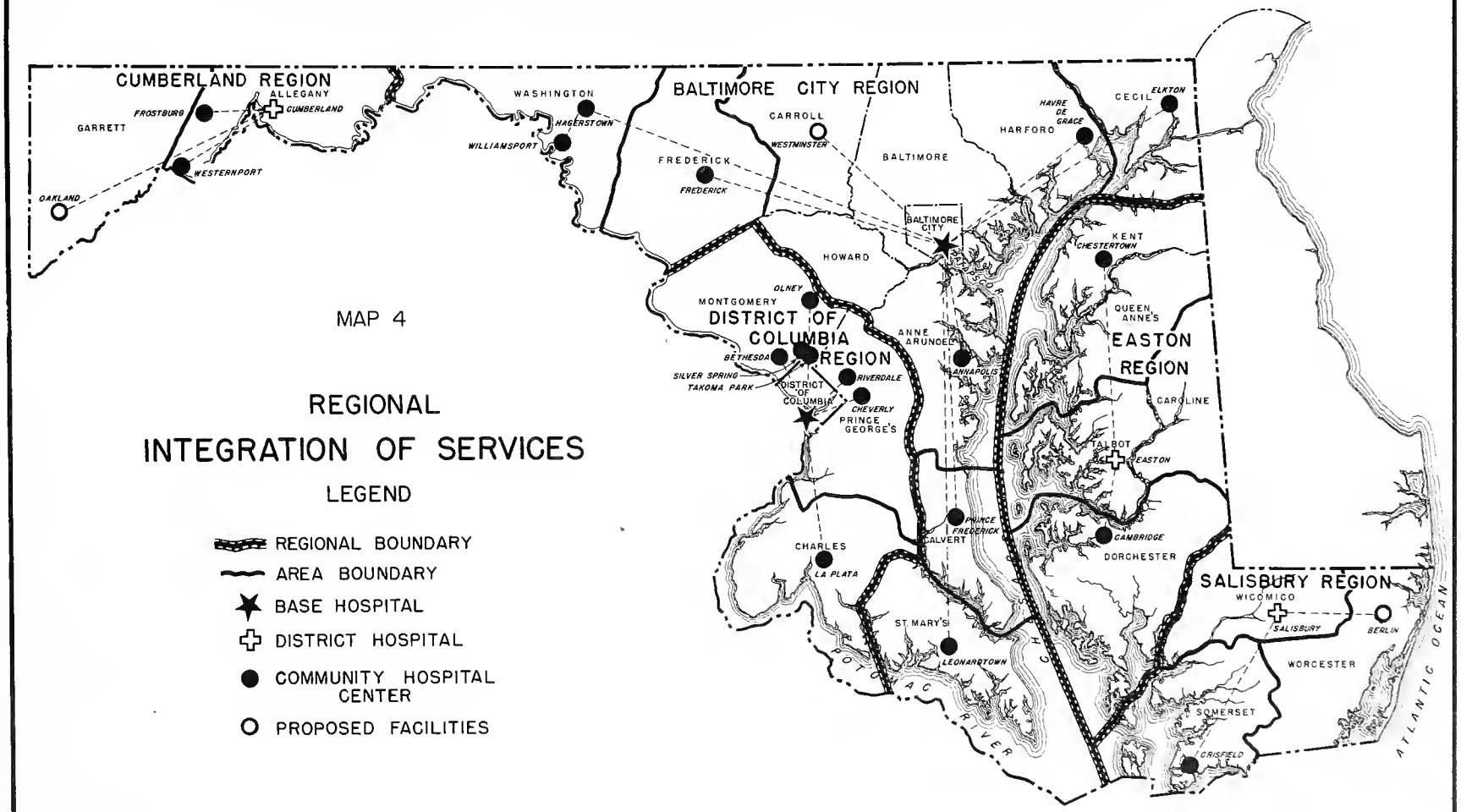
3. Hospitals whose ancillary departments have sufficient capacity to meet the needs imposed by additional beds are given precedence over institutions whose departments are already taxed by service to the existing beds.

4. Hospitals having more than 100 beds will have priority over small hospitals within the area, unless the additional beds would result in a capacity of more than 100 beds.

5. Since the training of hospital personnel is of such importance to the over-all program of medical care, special consideration will be given to hospitals whose training program would be improved or enlarged by the additional facilities.

6. No application will be approved under this Plan unless the applicant includes therein the following statement: The applicant hereby assures the State agency that it will make its facilities available to all persons residing in the area to be served without discrimination on account of race, creed, or color; provided, however, such statements will not be required from applicants in any specific area for which PHS-8 (HF) is subsequently submitted as an amendment to this Plan. (Note: PHS-8 (HF) provides for a specific statement of the number of beds assigned to each race.)

7. Reasonable evidence should be available to show that the hospital is in a position financially to maintain and operate the facilities.



MAP 4

REGIONAL INTEGRATION OF SERVICES

LEGEND

- REGIONAL BOUNDARY
- AREA BOUNDARY
- BASE HOSPITAL
- DISTRICT HOSPITAL
- COMMUNITY HOSPITAL CENTER
- PROPOSED FACILITIES

MARYLAND STATE PLANNING COMMISSION 1947

8. A hospital must be in a detached building, no part of which is used for other than hospital purposes, in order to be considered an acceptable hospital.

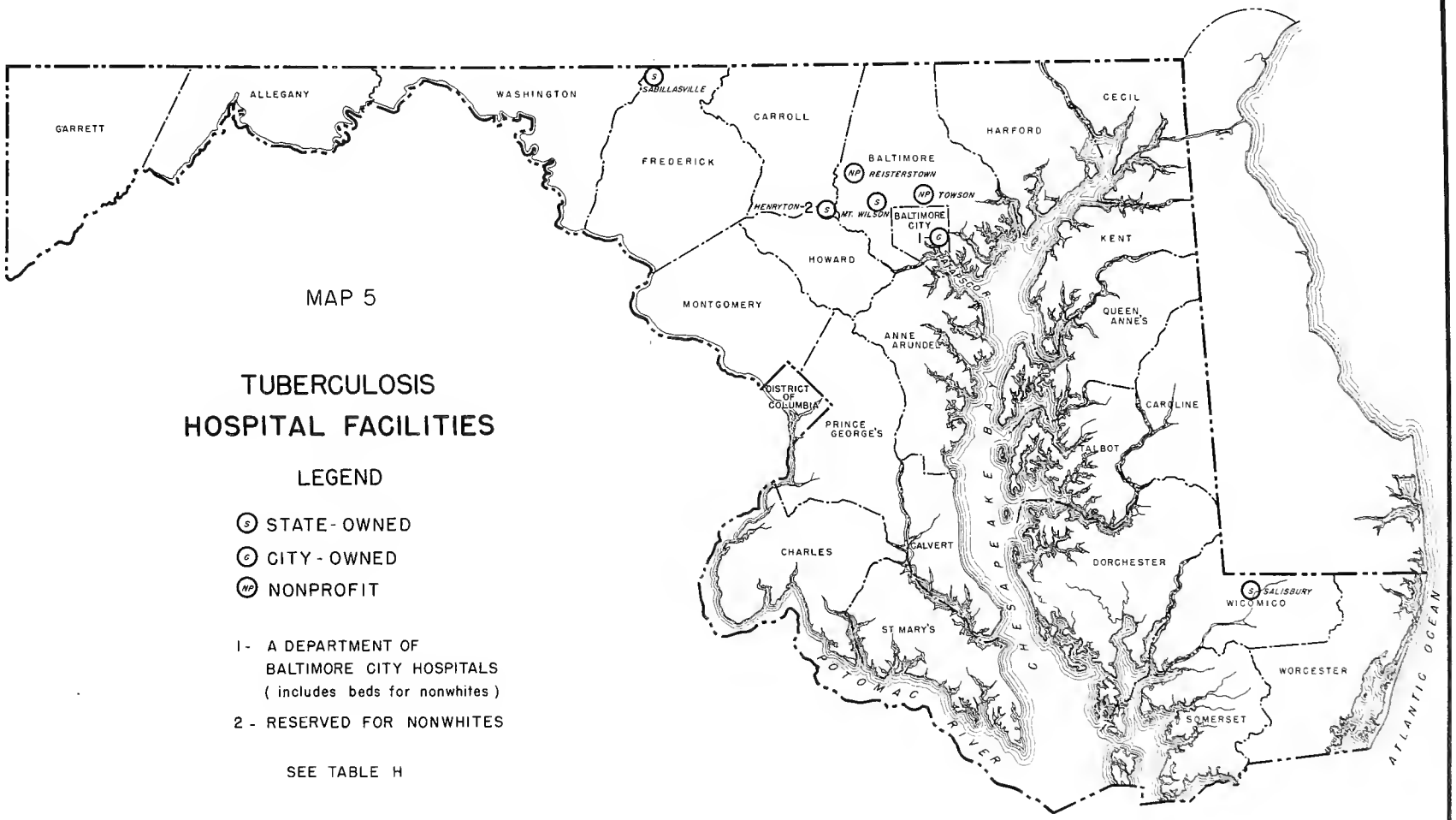
9. Institutions considered unacceptable are not to be identified, and where more than one such institution exists in an area only their total bed capacity is to be shown.

Tuberculosis Hospitals

Six institutions in the State maintain services for the treatment of patients with a primary diagnosis of tuberculosis. Four of these institutions are State-owned and two are owned and operated by nonprofit organizations. In addition, one general hospital maintains a department for the treatment of tuberculosis patients. There are a total of 1,883 beds in these institutions. However, 140 of these beds, reserved for nonwhite patients in the Baltimore City Hospitals, are in a structure which is not acceptable and should be taken out of service as soon as a replacement can be constructed. This leaves 1,743 beds as the acceptable normal capacity, with 1,194 of these beds for white patients and 549 for nonwhite patients.

The United States Public Health Service has set up the generally accepted standard of 2.5 tuberculosis beds per average annual deaths from tuberculosis over a five-year period. This is the minimum standard established by The American Trudeau Society and the Medical Section of the National Tuberculosis Association. On the basis of this standard the number of beds needed was determined to be:

	Total	White	Nonwhite
Total beds needed	3,177	1,662	1,515
Existing acceptable beds	1,743	1,194	549
Additional beds needed	1,434	468	966



MAP 5

TUBERCULOSIS HOSPITAL FACILITIES

LEGEND

(S) STATE-OWNED

(C) CITY-OWNED

(NP) NONPROFIT

1- A DEPARTMENT OF BALTIMORE CITY HOSPITALS (includes beds for nonwhites)

2 - RESERVED FOR NONWHITES

SEE TABLE H

N

MILES 10 0 10 20 30

MARYLAND STATE PLANNING COMMISSION 1947

On the basis of the acceptable normal bed capacity, the standard of 2.5 beds per tuberculosis death is met only to the extent of 54.9%. Classified according to the availability of beds by race, 71.8% of the standard is met for white patients and 36.2% for nonwhite patients.

The isolated locations and the distribution of hospitals with facilities for tuberculous patients require residents to travel long distances from many parts of the State. Residents of Oakland in Garrett County must travel 139 miles to the nearest hospital at Sabillasville. Nonwhite residents must go even further. It is 154 miles to the hospital at Henryton from Worcester County on the Eastern Shore. Improved distribution of facilities is important to increase the number of patients who will accept institutional care when recommended, reduce the number of patients leaving the institution against advice, reduce travel expense, add to the convenience of visitors, and make labor and supplies more accessible.

The percentage of deaths from tuberculosis which occur outside of tuberculosis hospitals, 62.9%, indicates a high potential for the spread of the disease. It points also to the need for more effective case-finding methods, public education, and sufficient facilities to give assurance to patients that there will be no long delay before admission to the hospital.

General hospitals have operating rooms and personnel that can be used for the surgical procedure now employed in the treatment of tuberculosis. In addition, many of the same ancillary facilities are required by both general hospitals and those specializing in the care of tuberculous patients. For this reason, in determining priorities for the hospital program, precedence was given to the construction of tuberculosis hospitals as additions to general hospitals.

A special committee of the State Planning Commission was appointed to survey the tuberculosis program in Maryland. The report of this group, "Tuberculosis Control in Maryland," contains important recommendations related to the care and treatment of tuberculous patients in Maryland. A discussion of this report follows the summary of the "Hospital Survey and Plan."

Facilities for Chronic and Long-Term Patients

The problem of caring for the chronically ill and those undergoing a prolonged convalescence has increased concomitantly with the average life span of the population. As this trend continues and the percentage of persons in the higher age brackets grows, serious consideration must be given to the care of those with long-term illnesses. Facilities are very inadequate for the care of the chronically ill, the incurable, those having illnesses requiring long periods of convalescence and rehabilitation, individuals with congenital disabling conditions, and those who are disabled by advanced age.

There are many private nursing homes which care for these persons. They range from structures where good care is given to those providing very inadequate care in unsanitary facilities. The State Department of Health licenses nursing homes; and although it refuses licenses to substandard nursing homes, it permits them to continue to operate, unfit as they are, because of the severe shortage of facilities.

As a result of a survey of the almshouses of the State in 1940, the State Legislature enacted laws in 1943 and 1945 committing the State to the construction of three chronic disease hospitals. One at Salisbury of 300 beds is nearing completion. The other two, in Baltimore and Hagerstown, are in the planning stages.

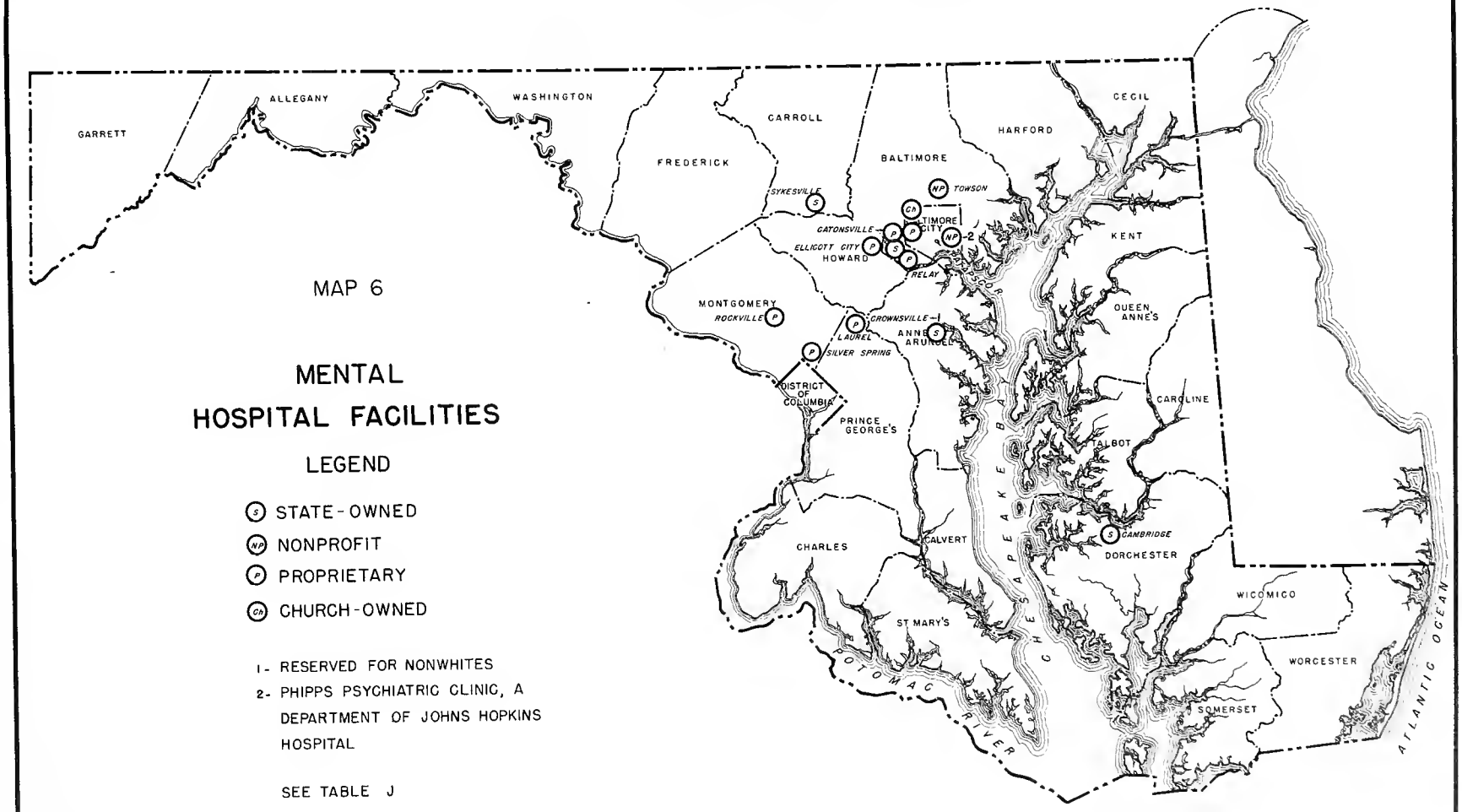
The shortage of general hospital beds for acutely ill patients makes it impossible to assign general hospital beds to patients with long-term

illnesses. General hospitals are geared to render intensive service to short-stay patients, which requires a high ratio of personnel and results in a high cost per patient day. Hospitals for the care of the chronically ill must maintain sufficient personnel and facilities to meet all the medical needs of the patients. Costly duplication of equipment and technical personnel can be avoided if the chronic disease hospitals are established convenient to, or as a unit of, a general hospital. Patients having a long convalescence can be easily transferred to the chronic disease department, thereby freeing beds in the general hospital for patients needing more intensive care.

Based on the accepted standard of 2.0 beds per 1,000 population, the State needs 4,036 beds for chronic, incurable, and convalescent patients. There exist 1,713 acceptable beds, leaving a shortage of 2,323. The Committee recommended that the State program for the construction of chronic disease hospitals be carried out as soon as possible and that these hospitals be built as additions to, or close to, general hospitals. It was also recommended that nursing homes meeting acceptable standards of service and equipment be encouraged and that public health nursing service, supplemented by medical and housekeeping service, be made available in the homes of the chronically ill.

Mental Hospitals

A mental hospital is only one unit in a program for the treatment and prevention of mental illness. In addition to institutional facilities, a mental health program covers, preventative programs, case finding, personnel training, research, and follow-up care of discharged patients. There are 23 institutions in the State giving care to the mentally ill and the feebleminded. They maintain 9,643 beds of which 8,337, or 86.4%, are in the five institutions owned and operated by the State.



MAP 6

MENTAL HOSPITAL FACILITIES

LEGEND

- (S) STATE-OWNED
- (NP) NONPROFIT
- (P) PROPRIETARY
- (Ch) CHURCH-OWNED

1- RESERVED FOR NONWHITES

2- PHIPPS PSYCHIATRIC CLINIC, A DEPARTMENT OF JOHNS HOPKINS HOSPITAL

SEE TABLE J

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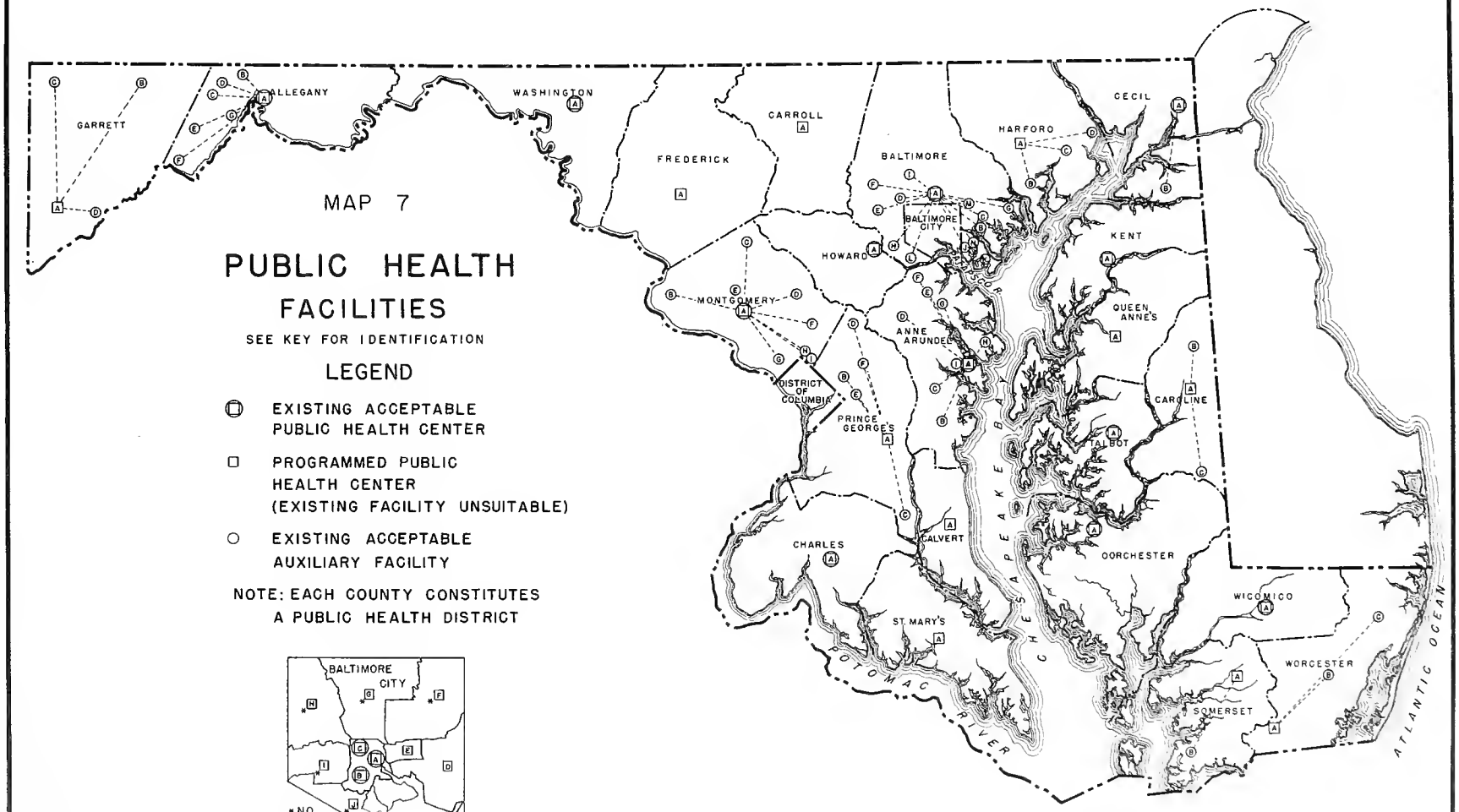
Beds used for the care of the feebleminded and those found to be unacceptable were eliminated from the total number of beds available for the care of patients with mental or nervous disorders. There remained 7,278 acceptable beds in service in the State, leaving a shortage of 2,812. The Committee recommended that the construction of mental hospital facilities be instituted as rapidly as possible to bring the number of beds up to standard.

Special problems exist for the care of senile and feebleminded patients Senile patients require primarily domiciliary and hygienic care. Some question has been raised as to their placement in mental hospitals. The Committee recommended that facilities for the care of senile patients be constructed as separate departments of the State hospitals, or at new locations.

Provision has been made for the care of feebleminded children at the Rosewood State Training School. While admission is limited to those between the ages of 6 and 16, once admitted they are continued as patients until discharge or death. As a result, there is an accumulation of older patients at Rosewood, with almost half being over 21 years. Because of the lack of room, children requiring the kind of service offered at Rosewood must remain on the waiting list sometimes until they are beyond 16 years of age and therefore no longer eligible for admission. The Committee recommended, therefore, that additional facilities be constructed for the care of feebleminded persons above the age of 16.

Construction of psychiatric units as additions to general hospitals was given "A" priority. To promote better distribution of services to mental patients "B" priority was given new facilities at new locations. The Committee felt that the quickest way to get the psychiatric facilities needed was to build additions to existing hospitals. Yet, they questioned the desirability of continuing to add to already huge institutions and suggested that consideration be



MARYLAND STATE PLANNING COMMISSION 1947

given to the establishment of one or more new institutions according to the geographic needs of the State. This matter was referred to the State Board of Health and the Board of Mental Hygiene for final determination.

Public Health Facilities

Public health facilities, as supplemental to the services of physicians and medical institutions, are an important part of a complete health program. There are health offices in each county and Baltimore City. The State and the local governments participate jointly in their financing. A major problem in this area is that of adequate housing, suitably located, for public health facilities. At present most of the health centers are in rented quarters or use inadequate space in public buildings.

The Committee surveyed the housing accommodations of each center and recommended that funds for the construction of public health service facilities be allocated to the following areas, as local matching funds become available. In the order of urgency, these are: Carroll County, St. Mary's County, Calvert County, Baltimore City Southern Health District, Caroline County, Worcester County, and Frederick County.

Where hospital construction was being planned in the counties it was suggested that the public health facilities be included as a part of such construction. The Committee recommended that Federal funds, up to 10% of the total amount available to the State, be allocated to public health facilities.

Priorities

Limited funds for the corrections of major deficiencies in each of the five categories of medical care facilities made necessary the establishment of a system of priorities. The following tabulation shows the extent to which need was met by existing facilities in each of the types of hospitals discussed above.

Category	Total Beds Needed	Acceptable Normal Bed Capacity	Per Cent of Met Need	
General	9,154	6,515	71.2	
Tuberculosis	3,177	1,743	54.9	(white 71.8) (nonwhite 36.2)
Chronic disease	4,036	1,713	42.4	
Mental	10,090	7,278	72.1	(white 73.7) (nonwhite 63.5)

Highest priority was given to facilities constructed as additions to general hospitals. This supports the generally accepted idea that general hospitals should include facilities for the care of tuberculous, chronic disease, and mental patients. "B" priority was given to new facilities planned for new locations. The Committee recommended that new facilities be located close to population centers. There are many objections to the present isolated locations of most of the existing institutions. Additions to existing facilities were given the lowest, or "C" and "D" priorities.

An exception was made for the assignment of higher priority to projects for service and personnel housing facilities. Although not increasing the bed capacity these improvements were considered imperative for the full and effective use of existing facilities.

Priority points were based on the relationship between the acceptable normal bed capacity and the number of beds needed to meet the United States Public Health Service standards, adjusted to average occupancy of the institutions in the area in relation to the established normal per cent of occupancy. As a result of this analysis and the assignment of priority points, the schedule of priorities shown in Table W of the report was established.

In order to avoid holding up the program because of the failure of groups with high priorities to exercise their rights to funds, time limits were established for the filing of applications. If additional Federal funds

TABLE W: SCHEDULE OF PRIORITIES

	AREA BASIS		STATE-WIDE BASIS						
	General Hospital Beds		Tuberculosis Hospital Beds		Chronic Disease Hospital Beds	Mental Hospital Beds		Public Health Facilities	Totals
			White	Non-white		White	Non-white		
Total beds needed	9,154		3,177		4,036	10,090			26,457
Acceptable normal bed capacity	6,515	Beds	1,743		1,713	7,278			17,249
Unmet need	2,639	Allotted	1,434		2,323	2,812			9,208
Per cent met need	By area—0.0% to 88.4%		54.9%		42.4%	72.1%			
			71.8%	36.2%		73.7%	63.5%		
"A" PRIORITY BRACKET									
"A" priority includes up to 14.2% of unmet need in each category	R–1, Garrett County	46	Facilities to be constructed as additions to, or parts of, general hospitals					Up to 10% of total funds available	
	R–2, Calvert County	26							
	R–6, Worcester County	60							
	I–2, Washington County	112							
	I–6, Talbot and Caroline Counties	92							
	R–5, Kent and Queen Anne's Counties	38							
Beds which may be constructed		374	67	137	330	315	84		1,307
Order of priority by category	1		4	2	3	4			
"B" PRIORITY BRACKET									
"A" + "B" priorities include up to 33.8% of unmet need	I–4, Montgomery and Prince George's Counties	368	New facilities at new locations					Up to 10% of total funds available	
	I–5, Cecil County	56							
	R–4, St. Mary's County	25							
	I–8, Wicomico County	70							
Beds which may be constructed		519	92	190	460	438	116		1,815
Order of priority by category	1		2	1	1	2	2		
"C" PRIORITY BRACKET									
"A" + "B" + "C" priorities include up to 96.4% of unmet need	B–1, Baltimore Base Area	1,562	Additions to existing facilities					Up to 10% of total funds available	
	I–7, Dorchester County	47							
	I–3, Frederick County	41							
Beds which may be constructed		1,650	292	604	1,452	1,389	369		5,756
Order of priority by category	1		1	1	1	1	1		
"D" PRIORITY BRACKET									
"A" + "B" + "C" + "D" priorities include up to 100% of unmet need	I–1, Allegany County	75	Additions to existing facilities					Up to 10% of total funds available	
	R–3, Charles County	16							
	R–7, Somerset County	5							
Beds which may be constructed		96	17	35	81	80	21		330
Order of priority by category	1		1	1	1	1	1		

for the current period are available after the approval of the projects submitted, notice will be sent to other groups according to their priority positions advising them of the opportunity to submit their applications. The State Board of Health will provide a hearing to applicants dissatisfied with the action taken on their applications by the State Department of Health. In the Hospital Construction Program projects will be considered in relation to the extent and urgency of the need and the utilization of existing facilities.

The Hospital Survey and Plan was approved by Dr. Thomas Parran, the Surgeon General of the United States Public Health Service, on March 26, 1948. Federal funds were made available as grants-in-aid for the construction of nonprofit hospitals in the State, to the extent of $869,663 for 1948 and $827,301 for 1949. The first projects to be sponsored under the construction program are a new 34-bed general hospital in Oakland, Garrett County; a 108-bed extension of the Washington County Hospital in Hagerstown; a State Laboratory in Baltimore; and a 73-bed psychiatric unit for the University of Maryland Hospital in Baltimore.

The Hospital Construction Program is under the supervision of Herbert G. Fritz, Director, Division of Hospital Construction and Administration of the State Department of Health. Mr. Fritz served as Consultant in the preparation of the "Hospital Survey and Plan for the State of Maryland."

TUBERCULOSIS CONTROL IN MARYLAND 1/

The Tuberculosis Survey Committee of the Committee on Medical Care, of the State Planning Commission, was charged with the responsibility of reviewing the work being done in Maryland to prevent tuberculosis and to find and care for those persons suffering from the disease. The Committee, headed by Dr. G. Canby Robinson, surveyed the work of both governmental and nongovernmental agencies, and included techniques of case finding, facilities available for the care of tuberculous patients, provisions for followup and rehabilitation of discharged patients, and available personnel for caring for tuberculous patients. The objective of the study was to enable the Committee to recommend a program for the integration of all of the facilities in the field for their most effective use, and to prescribe the additional facilities and personnel required to meet the needs of the State.

Dr. Henry D. Chadwick of Boston, one of the leaders in the field of tuberculosis, was engaged to study the tuberculosis problems of Maryland. His examination dealt primarily with the organization and facilities required for the adequate treatment of tuberculosis in the State. Further information on other aspects of the problem was collected, and Dr. Edward X. Mikol, of the Division of Tuberculosis Control of the New York State Department of Health, was engaged to prepare a comprehensive report incorporating all the data gathered. The final report submitted to the Committee on Medical Care appraised the tuberculosis problem in Maryland in relation to nationally accepted standards of tuberculosis control.

1/ Tuberculosis Control in Maryland, A Report of the Tuberculosis Survey Committee of the Committee on Medical Care, Maryland State Planning Commission, Special Report, mimeographed, 95 pp., August 1946.

The survey revealed that the tuberculosis mortality rate in this State was the fifth highest in the country. About 1,200 people die each year in Maryland from this disease. At least 10,000 persons in the State have tuberculosis requiring some type of medical supervision. Some of them are known to have the disease but a large number are as yet undiscovered.

The tuberculosis death rate in Maryland during 1944-1946 was 61.0 per 100,000 persons. The Baltimore City death rate of 83.0 was twice as high as the rate in the counties. Whereas Baltimore had only 46% of the State's population it accounted for 63% of the tuberculosis deaths.

The rate for the Negro population of the State (178.5) was almost five times that for the white population (37.8). Whereas only 16% of the State's population was colored, 48% of the tuberculosis deaths were in this group. The heaviest concentration of tuberculosis cases was found among Negro population in Baltimore, where the rate was 233.5. Table 1 summarizes the tuberculosis death rates for the State.

TABLE 1

ANNUAL AVERAGE RESIDENT DEATHS AND RATES PER 100,000 POPULATION FROM TUBERCULOSIS, ALL FORMS, BY RACE, IN BALTIMORE CITY AND THE COUNTIES OF MARYLAND, 1944-1946 1/

	Annual Average Tuberculosis Deaths, 1944-46					
	All Races		White		Negro	
Area	Number	Rate	Number	Rate	Number	Rate
State of Maryland	1221	60.7	637	37.8	584	178.5
Baltimore City	774	83.0	355	47.1	419	233.5
Counties	447	41.5	282	30.3	165	111.8

1/ Rates based on annual average population 1944-46.

One of the most important factors associated with the development of tuberculosis is age. Tuberculosis is primarily a disease of adults. Among children and young adults the rates for females are generally higher than for males. But, from about the third decade on, the male rates are very much higher than those for females. This is clearly shown in Figure 1.

The largest proportions of deaths from tuberculosis occur during the most important productive and reproductive periods of life. Many interrelated factors influence the level of tuberculosis mortality in a community, but economi status and race are among the most important.

Tuberculosis can be controlled and eventually removed from its present position as a major cause of illness and death by the application of scientific methods of diagnosis, treatment, prevention, and control. The objectives of a tuberculosis program are to reduce the number of deaths caused by tuberculosis, to reduce the number of cases, and to prevent the transmission of infection from one person to another. In order to meet these objectives the following measures are essential:

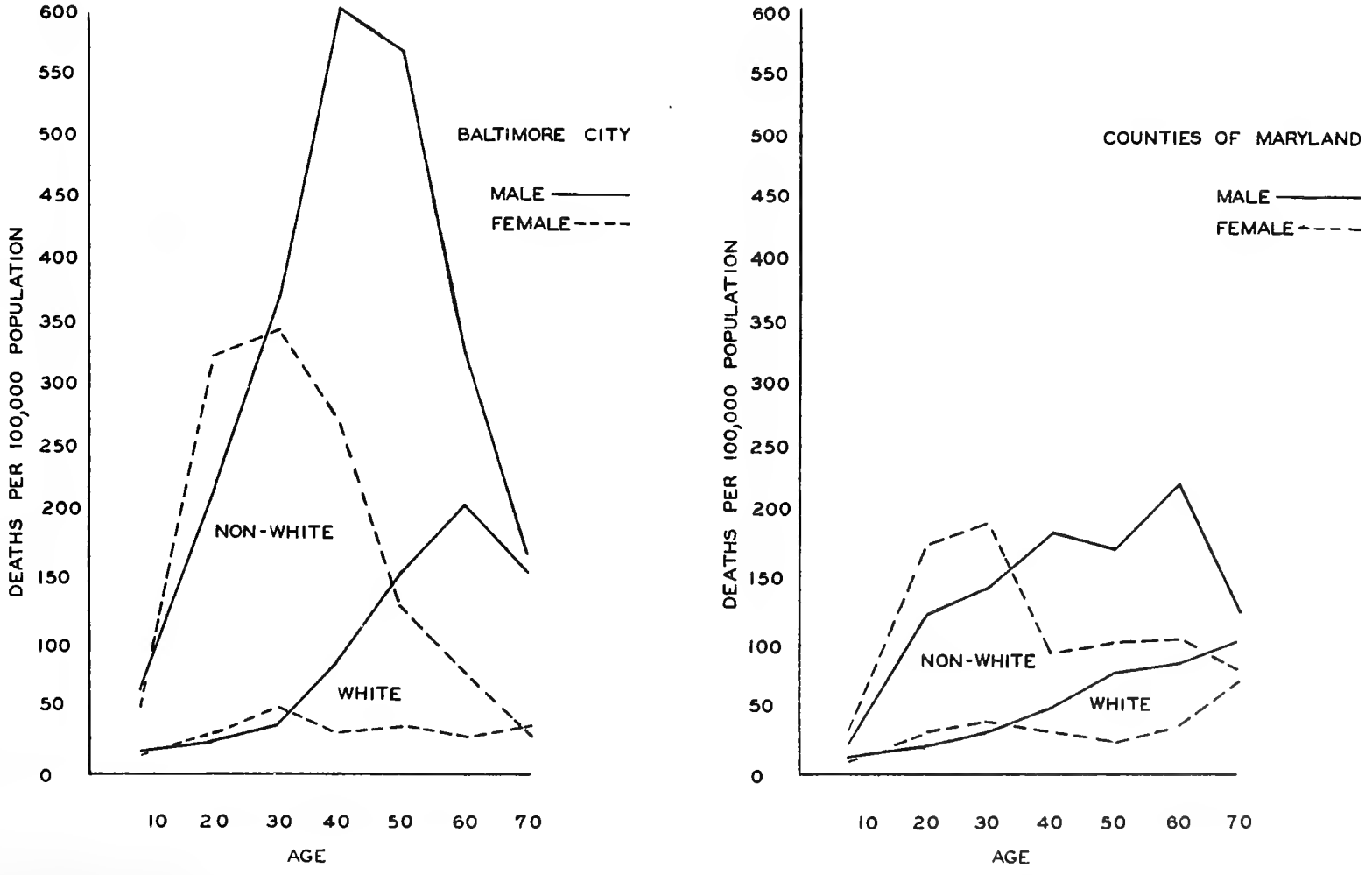
1. Locate all existing cases of tuberculosis.
2. Segregate those cases capable of spreading the disease to others.
3. Treat patients in order to render their disease inactive and non-infectious.

In addition, a complete program should provide also for the rehabilitation of patients, physically, vocationally, and economically. These functions of case finding, isolation, treatment, and rehabilitation are carried on through private physicans, chest clinic service, mass chest X-ray examinations, hospital care and treatment, public health nursing service, rehabilitation, medical social service, and health education.

The control of tuberculosis is primarily the responsibility of the health department. Maryland is fortunate in having in the State, County, and City

FIGURE 1

ANNUAL AVERAGE RESIDENT DEATH RATES PER 100,000 POPULATION FROM TUBERCULOSIS, ALL FORMS,
BY AGE, SEX, AND RACE,
BALTIMORE CITY AND COUNTIES OF MARYLAND 1944 - 1946



health departments the basic organizational structure which is necessary for the development of an effective tuberculosis control program. The availability of two outstanding medical schools and a first-rank public health school provides the State with additional valuable facilities.

Facilities for tuberculous patients exist in the four State sanatoria in Sabillasville, Henryton, Mount Wilson, and Salisbury, the Tuberculosis Division of the Baltimore City Hospitals, and the two private sanatoria, Eudowood and Mt. Pleasant. In 1947 the operation of the four State sanatoria and the general direction of the State tuberculosis program were placed under a newly created Division of Tuberculosis in the State Department of Health. In October, 1948 Dr. Leon H. Hetherington, former chief physician for tuberculosis services of the Veterans Hospital at Butler, Pennsylvania, assumed his duties as Chief of the Division.

The chest surgery program of the State sanatoria which was discontinued during the war should be re-established. Many other special services essential to a modern tuberculosis hospital program are very limited or nonexistent. Such services include occupational therapy, rehabilitation, medical social service, preservice and inservice education and training, and the conduct of outpatient and field clinics. The Committee recommended that serious consideration be given to the development of clinic services as one of the regular functions of the State sanatoria. Adequate clinic services are especially necessary in Maryland in order that some degree of medical and nursing care may be given to patients who ought to be hospitalized, but for whom no beds are available.

On the basis of the accepted minimum standard of 2.5 beds per average annual tuberculosis death, Maryland requires at least 3,052 beds for tuberculous patients. The number available in the State is 1,755, which is 57% of the minimum number needed, or a deficiency of 1,297 beds. For the white population 1,171

beds are available, a deficiency of 421 beds. For the Negroes there are 1,460 beds available, or 876 less than the number needed to meet the standards.

Of the limited number of 1,755 beds only 85% were in use in May, 1948. For various reasons 265 beds were out of use. Of the 1,755 beds 489 were considered to be totally unsuitable or unsafe for continued use. This increased the total deficiency to 1,786 beds, 770 for white patients and 1,016 for colored patients.

The present hospitals are so located that there are not enough beds easily accessible to the people living in the areas where there is a concentration of tuberculosis, that is, in and near Baltimore City and the Eastern Shore area. At the general election on November 2, 1948 an $8,000,000 Health Loan was approved by the people of Baltimore, part of which is to be applied to a new tuberculosis hospital at the Baltimore City Hospitals. The new hospital will provide 300 beds for Negro patients.

As a result of the exhaustive survey of facilities and unmet needs in relation to a comprehensive tuberculosis control program, the Committee made a series of important recommendations. The eight recommendations called "Immediate Steps" are listed below. Number one has already been fulfilled and a beginning has been made on meeting number eight, regarding the construction program for a tuberculosis hospital in Baltimore City. Four further recommendations planned with a view toward the 1949 Legislative Program are also listed.

Immediate Steps

1. Appointment without delay, at an adequate salary, of a qualified Director and General Superintendent of Tuberculosis Hospitals for the newly created Division of Tuberculosis in the State Department of Health.

2. Provision of the necessary equipment to permit the opening of the critically needed 30-bed unit for patients at Henryton.

3. Solution of the serious problem of inadequate public transpor-

tation to Henryton.

4. Opening of the 26-bed surgical unit at Mount Wilson for temporary use for nonsurgical patients until arrangements are completed for the re-establishment of chest surgery service.

5. Abandonment of plans to renovate the "shacks" at Sabillasville and discontinuance as soon as possible of the use for patients of these shacks and of the 37-bed unit for patients in the Administration Building.

6. Abandonment of plans to build a 120-bed extension to the new hospital building at Sabillasville.

7. Renewed efforts to fill vacancies in the medical and nursing staffs of the State sanatoria.

8. Completion of steps by Baltimore City to replace the present building at Baltimore City Hospitals for colored patients with a new building of at least 300 beds, including a unit of about 50 beds for children.

1949 Legislative Program

9. Appropriation of a small initial capital outlay for the following immediate physical projects at the State sanatoria:

   (a) Completion of the service wing of the new hospital building at Sabillasville to make possible the use of this building for bed patients.

   (b) Conversion of the presently unused Children's Building at Henryton for use for children needing bed care and the consequent release of 35 beds for adults in the main building which are now used for such children.

   (c) Construction of a new nurses' home at Henryton to provide accommodations for at least 75 nurses.

   (d) Provision of additional living quarters for physicians at Mount Wilson and at Henryton.

   (e) Provision of recreation facilities at Henryton for patients and employees.

10. Appropriation of sufficient funds in a lump sum for salaries and other operating expenses of the State sanatoria to make possible the necessary changes and improvements in the next two years in the number of medical, nursing, and other employees, in physical accommodations, in equipment, and in the extent and quality of routine and special medical services provided.

11. Appropriation to the State Department of Health of sufficient funds in a lump sum for salaries and other expenses to make possible the establishment in fact of the presently nominal new and separate Division of Tuberculosis. The Director of this Division must have adequate staff of medical and other professional and nonprofessional assistants in order that the comprehensive functions of the Division can be carried out. Appropriations for the operation of the State sanatoria should be separate from those for the other administrative functions of the Division.

12. Inauguration of the necessary steps for the drawing of plans, selection of sites, and authorization of bond issues for a long-range building program by the State for the following new tuberculosis hospital facilities:

    (a) A new 200-bed hospital for the Eastern Shore area, possibly on the same site as that of the proposed State chronic disease hospital at Salisbury.

    (b) A new 300-bed hospital in or near Baltimore City, possibly adjacent to the proposed State chronic disease hospital in Baltimore.

    (c) A 300-bed addition at Mount Wilson.

These recommendations cover 800 new tuberculosis beds, plus the 300 planned for Baltimore City, a total of 1,100. These, in addition to the existing acceptable beds would still leave the State with 686 fewer beds than the number required to meet the standard of 2.5 beds per average annual tuberculosis death. However, the recommendations were made in terms of what the Committee considered to be attainable objectives. It is estimated that the recommended program will cost between $11,000,000 and $15,000,000.

LOCAL GOVERNMENT REPORTING IN MARYLAND 1/

"Local Government Reporting in Maryland" reviews the status of current reporting by local governmental units of their revenues and expenditures. This study, like the report of the Commission on the Distribution of Tax Revenues, which it supplements, emphasizes the fact that the reporting of local governments is of little practical value for comparative study and analysis.

The major stress in this report is on the need for a consistent system of accounting based on a uniform fiscal year. Compiling data on a uniform basis at fixed and regular intervals would make possible an intelligent review and comparison of the uses made of State and local funds. It would provide the base for an equitable apportionment and careful administration of State aid. Local governments would have a yardstick by which to measure and compare the efficiency of their operations. Such uniform reporting would make available to the citizens intelligible information on the distribution and uses of the taxes they pay.

Self-government has long been an accepted and respected principle in the administration of local political units. In the earlier days when the functions of governments were comparatively simple the local units could operate with little assistance. As these functions grew more numerous and complex, their administration became more costly, and the counties and other local governments found it necessary to look to the State government for more and more financial assistance. There is every indication that the costs of local government operations will continue to increase. Since the tax burden on real estate has about reached its limit, further funds must come from other local sources

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1/ Local Government Reporting in Maryland, Maryland State Planning Commission, Publication No. 48, mimeographed, 33 pp., January 1947.

of revenue or from additional State grants. If the State is to play an increasingly important role in the financial life of local governments, then it must be expected that the State will want to know how the funds it advances are expended.

It becomes imperative that the financial records of all local units be put on a comparable basis with regard to the reporting period and the type and manner of information reported. The discrepancies which now exist are illustrated by the fact that the fiscal year of ten counties and Baltimore City ends on December 31st; for three counties the period ends on March 31st; two on May 31st; and eight on June 30th. The fiscal year of the State and the Federal government ends on June 30th.

The increasingly close financial relationship between the State and the local subdivisions makes it highly important that there be a uniform fiscal period for both. The Maryland Commission on the Distribution of Tax Revenues recommended that either the calendar year or the State fiscal year of July 1st to June 30th be prescribed as the uniform fiscal period, with the provision that the data be so reported in half-year periods in order to permit ready comparison.

In addition to a uniform fiscal period, it is also essential that there be a consistent system of accounts for all local governments, with copies of reports filed with a central agency. In this way comparable data would be available to both the State and the local units. Such information would assist the State in the allocation of funds and would enable local units to compare their operating costs. In some instances individual counties have varied their reporting procedures from year to year, so that even comparisons within one county are sometimes not possible. Uniform reporting, with copies filed at a

central place, would permit the State to publish, as do other states, a report on the comparative costs of local governmental units.

The report proposed that the General Assembly modify the State Code to authorize and require the State Auditor: (1) to examine or cause to be examined the books of all county, municipal, and other local government offices, agencies, and institutions spending public funds, whether these funds be from Federal, State, local, or any other sources; (2) to make such examinations at the close of the fiscal year of the unit concerned; and (3) to establish a uniform system of accounts for all local governmental agencies, departments, offices, and institutions. A systemization of financial reporting would make adequate information available to the public and would be conducive to strict accountability on the part of public servants in the handling of public funds.

The report suggested that the audits of local governments would be more effective if they used a functional classification of services. The following classification was indicated as one type that might be used: general administration; assessment of taxes, collection and disbursement of tax and other monies; recording of documents; administration of justice; crime prevention and detection; public welfare; public health; public works including roads; agriculture and home economics; elections; fire prevention; maintenance of buildings and grounds; highway, road, and street lighting and other public utility services; education; and miscellaneous.

The report includes sample forms that might be used to obtain the information outlined in the classification given above and to make readily available information needed to determine the cost of individual county services.

The report on "Local Government Reporting in Maryland" makes four basic recommendations:

1. There should be a uniform fiscal year for all the local governmental units in the State and this should correspond to the State's fiscal year; namely, July 1st through June 30th, or the calendar year with half yearly reports made mandatory.

2. There should be a uniform system of accounting for all local governmental units in the State and this should be administered by a central State agency. The State Auditor's Office appears best suited for administering the system, although an advisory commission might be created to assist him in setting up and installing the accounting system.

3. This central State agency should be authorized to make annual postaudits of the income and expenditures of the local governments, the cost of which should be borne by the units audited, or to require the local units to employ private accountants to make such audits following a uniform procedure to be prescribed by the central auditing agency. This should be a function of the State Auditor's Office.

4. The central auditing agency should be required to publish annually in tabular form a report showing the detailed costs of the operation of the local governments and a detailed breakdown of the sources of revenue to the local units, including State supplements for all purposes. A copy of this report should be filed with the State Board of Public Works.

The recommendations for a uniform fiscal year and a uniform system of accounting were embodied in Chapter 328 of the Acts of 1947, which created the Commission on Uniform Accounts. This Commission is preparing the forms to be used in the uniform accounting plan. These forms will disclose the receipts and expenditures of all counties, cities, towns, and taxing districts. They will also give such information as is needed to reflect accurately the financial condition of each political subdivision. The effective date for instituting the system of uniform accounts is to be as soon after January 1, 1950 as is practicable.

SIX-YEAR CAPITAL IMPROVEMENT PROGRAM FOR MARYLAND REVISED 1947 1/

The State Planning Commission, in cooperation with the Department of Budget and Procurement, inaugurated during the biennium of 1939-1940 a systematic method for programming the capital expenditures of the State. For this purpose the various State departments and agencies submit to the Planning Commission their proposals for major projects and improvements. These proposals are carefully studied and reviewed prior to preparation of the recommended Capital Improvement Program for the State. Each institution and agency surveys and appraises its existing facilities in terms of its current and projected needs. This procedure makes possible more efficient programming of capital improvements for the State. As a result of the systematic consideration of the needs and facilities of the State institutions and agencies, the first "Six-Year Capital Improvement Program for Maryland" was presented to the General Assembly in January 1941.

Every two years since that time the Capital Improvement Program has been re-examined and revised in terms of current conditions. The revised 1947 program will be discussed here. The 1949 program is now in press. Thomas F. Hubbard, a national authority in this field, has served as consultant for the Capital Improvement Programs since the first one.

Many of the projects proposed in the earlier reports are now accomplished facts. In some cases needs have changed and projects considered to have greatest priority at one time have since been superseded. During the war major improvements were postponed because of the greater need for all available men

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1/ Six-Year Capital Improvement Program For Maryland. Revised 1947, Maryland State Planning Commission, Publication No. 49, mimeographed, 178 pp., March 1947.

and materials in the war effort. Since the war, construction costs have been so high that construction of needed projects has had to be budgeted over a period of years.

The capital improvement requests submitted by the State institutions and agencies are divided according to urgency into three categories in the recommended program of the State Planning Commission and the Department of Budget and Procurement. Only those improvements needed to meet minimum departmental requirements are placed in the first or A group. These projects are recommended to the General Assembly for construction within the first two years in which construction is possible and desirable. Group B consists of those projects not as urgent as those in A. The projects to be recommended for construction following the completion of those in the A group are largely taken from Group B. Group C comprises those projects which belong in a long-term program but which are not immediately needed or which require further study, legislative action, or policy determination before recommendation.

Table 1 compares the total cost of the projects in Group A since the first Capital Improvement Program in 1941. The accumulated needs of the war years made a much larger postwar program essential than the one that seemed adequate in 1941. Since that time equipment and structures have aged and worn out and demands for services have increased. Facilities were found to be inadequate to meet requirements. In the six years preceding 1940, the annual average expenditure for capital construction was more than four times that of the six years from 1940 to 1946. Obviously the expenditures necessary to maintain facilities and keep pace with growing requirements have not been made. The quality of facilities and services offered by State institutions cannot be permitted to go below minimum standards.

The estimated cost of the capital improvement requests submitted by

the various institutions and agencies, as requiring immediate attention, has increased more than sixfold since 1941. It was not possible for a realistic program recommended by the State Planning Commission and the Department of Budget and Procurement to keep pace with this tremendous increase. Consequently, the estimated total cost of the programs recommended each biennium since 1941 has risen less sharply. The estimated cost of the recommended 1945 program was more than three times that of 1941 program.

The end of the war failed to bring the decline in employment and prices that had been anticipated and bids received indicated that projects would cost an average of at least 100% more than had been expected. For this reason the Planning Commission and the Department of Budget and Procurement could not recommend the initiation of a major construction program. Only those programs so urgent that their delay would affect the health, safety, or welfare of the State could be undertaken. The total program recommended for 1947 was $2,408,950 less than the 1945 recommendation, although the estimated cost of the programs submitted by the institutions and agencies of projects considered by them to be urgently needed increased $32,016,549 from 1945 to 1947.

TABLE 1

URGENT CAPITAL IMPROVEMENT PROGRAMS, 1941-1947

	Requested	Recommended
1941	$ 8,489,857	$ 4,172,000
1943	12,684,824	4,537,996
1945	20,920,645	14,[illegible],950
1947	52,937,194	11,695,000

This increase in costs is reflected also in the budgets of the institutions participating in the Six-Year Capital Improvement Program. Their operating budgets went up 65% from 1939 to 1946. At the same time the relative in-

crease in the valuations of these institutions was only 29%.

Although adhering to a policy of keeping construction at a minimum during this period of high costs, certain construction could no longer be deferred. The Six-Year Capital Improvement Program recommended in the 1947 report involved $73,259,338, of which $11,695,000 covered projects in Group A. This latter amount reflects the careful consideration given to the programs submitted by the State's institutions and agencies which totaled $52,937,194 for projects in this first group. The following tabulation shows the total amount recommended by the State Planning Commission for urgently needed improvements in the various State institutions and agencies:

Institution or Agency		Amount
Board of Mental Hygiene		$ 2,337,000
Springfield State Hospital	$ 605,000	
Spring Grove State Hospital	502,000	
Eastern Shore State Hospital	276,000	
Crownsville State Hospital	462,000	
Rosewood State Training School	492,000	
Department of Correction		402,000
Maryland Penitentiary	10,000	
Maryland House of Correction	98,000	
Maryland State Penal Farm	4,000	
Maryland Prison for Women	290,000	
State Department of Education		223,000
Frostburg State Teachers College	15,000	
Towson State Teachers College	81,000	
Bowie State Teachers College	52,000	
Salisbury State Teachers College	75,000	
Department of Public Welfare		589,000
Maryland Training School for Boys	291,000	
Maryland Training School for Colored Girls	189,000	
Montrose School for Girls	109,000	
Maryland State School for the Deaf		6,000
Morgan State College		1,491,000
St. Mary's Female Seminary		36,000

Maryland State Police		$ 359,000
Military Department		250,000
Board of Natural Resources		384,000
Purchase of Land for a Bayside Park, Subject to Approval of the Board of Public Works	$ 250,000	
Department of Tidewater Fisheries	134,000	
University of Maryland		5,167,000
College Park	3,780,000	
Baltimore	700,000	
Princess Anne	587,000	
Tobacco Farm & Poultry Experimental Station	100,000	
The Miners Hospital		113,000
State Department of Health		250,000
Department of Budget & Procurement		20,000
Board of Public Works		50,000
Maryland Tuberculosis Sanatoria		18.000
	Total	$ 11,695,000

It has been the policy of the State to finance capital improvements through the sale of serial bonds. Thereby, the long-term users of the new construction pay for the improvements. The money required annually for principal retirement and interest is raised by a tax on all real and personal property in the State. Since the Constitution requires that a tax for principal retirement and interest be levied whenever additional bonds are authorized and sold, no debts can be incurred without provision being made to meet the resulting charges. Construction bonds issued by the State are limited to fifteen-year periods.

Because construction has been kept to a minimum and little money has been borrowed for that purpose in the past few years, annual interest charges have declined sharply. In 1941 the service charge on the State's bonded indebt-

edness was $1,430,084. By 1947 interest charges had declined to little more than a third of that figure. Because carrying charges on borrowed money increase the State's debt significantly, the 1947 report recommended that Maryland give consideration to adopting a pay-as-you-go policy for the Capital Improvement Program.

In addition to considering the State's ability to meet the construction costs of any proposed improvement, attention must also be given to the State's ability to meet annually the cost required to maintain, operate, and staff the new facilities. Therefore, a recommended program must deal with the three factors of original cost, service charges on borrowed monies, and the resultant increase in operating budgets. Consideration must also be given to maintaining a balance between increased expenditures, the greater variety of services required, and the growth of the State's population and wealth.

Historically the State tax on real property has been dedicated to the service of the State debt. Years ago, when the Nation's wealth was principally in the form of real property, real estate holdings served as the main source of tax revenue. The village, town, or city was the principal taxing authority and State and Federal levies were insignificant. As the State and Federal governments grew in importance and the need for funds increased, there was also a change in the forms of the Nation's wealth. With the development of industries and corporations, real property moved into the background as a tax-producing base and gave way to the newer taxes on stocks, bonds, and individual incomes. Wielding superior power the Federal government and the State preempted these more fruitful tax sources. The 1947 Capital Improvements Report therefore recommended that the State give consideration to retiring from the field of real property taxation, leaving that source of revenue exclusively to local authorities.

In addition to the recommended construction program for the 1948-49

biennium, the report makes the following recommendations:

1. The State of Maryland should give consideration to a pay-as-you-go policy as rapidly as conditions permit.

2. The State of Maryland should give consideration to the eventual abandonment by the State of the real estate tax and to leave that source of revenue exclusively to the local levels of government.

3. Architects should be assigned to the State institutions for a period of years to warrant the over-all planning of the institutions and individual projects related thereto.

4. Standards for construction and facilities for State institutions should be adopted.

5. The sites of Cheltenham School and Morgan College should be studied in light of their adequacy in a long-range development program.

6. The maintenance needs of the various State institutions should be studied and programmed so as to be financed from general funds and not by funds realized from the sale of bonds.

7. The State Capital Improvement Program should be reviewed biennially.

8. The official Capital Improvement Program for the State should be based on the recommendations made in this report.

A FUNCTIONAL PLAN FOR THE BALTIMORE METROPOLITAN DISTRICT 1/

This document reports the results of a study by I. Alvin Pasarew, Director of the State Planning Commission, of the need for coordinated planning in the Baltimore metropolitan area and the methods used by other metropolitan regions in meeting similar needs. Each of the 140 metropolitan areas in the country is faced with the common problem of effectively integrating the public services of the numerous political subdivisions within its district.

The development of the Baltimore metropolitan region has resulted from a pattern of population movement common to the entire country. Typical of the national trend Maryland experienced a movement of people from the rural to the urban areas, so that by 1910 the major portion of the inhabitants of the State were urban residents. Baltimore, as the State's primary city, became more and more crowded, and people, attempting to escape the congestion of the central City, began to push out beyond the City's edges in search of more satisfactory living conditions. While Baltimore City increased 7% in population from 1930 to 1940, Baltimore County, which surrounds the City on three sides, increased 25%. This movement to the outskirts of the central city was also being experienced by many other large cities in the United States.

The suburbs that developed around Baltimore, from the overflow of the City's population, grew into active communities. Most of the persons who moved out of the City continued to work there, exchanging a longer trip to and from work each day, for pleasanter living conditions. But, they remained close enough to benefit from the commercial, recreational, and cultural facilities of the City. At the same time their families could enjoy the benefits of less

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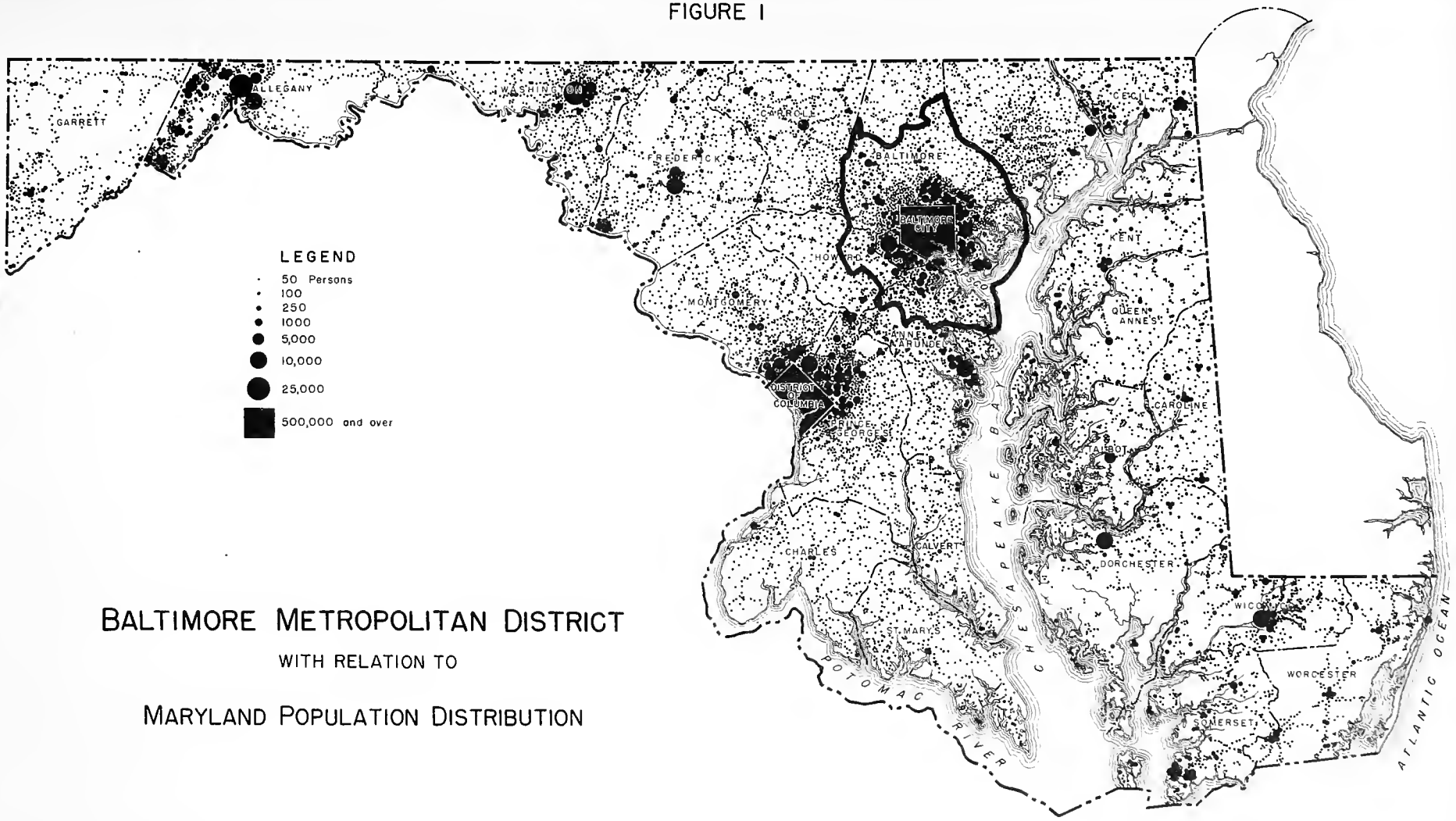
1/ A Functional Plan for the Baltimore Metropolitan District, Maryland State Planning Commission, Special Report, mimeographed, 105 pp., April, 1948.

FIGURE I



BALTIMORE METROPOLITAN DISTRICT

WITH RELATION TO

MARYLAND POPULATION DISTRIBUTION

crowded schools, open and safe play areas, more land around their homes, and a more closely knit community life.

As a result of the movement away from the City there developed a widening area around Baltimore of communities whose life and activities were closely related to those of the central City. This area was one which fitted the United States Census Bureau's definition of a metropolitan district as "... not a political unit but rather an area including all the thickly settled territory in and around a city... It tends to be a more or less integrated area with common economic, social, and often administrative interests."

Although the Baltimore City limits remained fixed, the area containing persons directly concerned with the development of the City continued to expand. The suburbanites who spend their working days in the City, or go there for shopping or entertainment, have as practical an interest in the public facilities of the City as do those who live within its boundaries. The rapid, unplanned growth of the area meant that the provision of public facilities lagged far behind the needs of the greatly increased population.

Baltimore and the communities contiguous to it grew into a functionally interdependent area containing approximately one and a quarter million people. But, this closely related metropolitan district was comprised of a number of politically independent units, each working more or less separately. The residents of the area depended largely on chance for the integration of public facilities as they crossed political boundaries. The residents of the outlying areas were deprived of more adequate transportation, water supply, sewerage, public health, police protection, and other services which a well integrated system of planning by the county and City officials could provide.

Common action on intercommunity problems is inhibited by the legal separation of the governmental units of Baltimore and the adjoining communities.

Independent action by the various communities inevitably means that, from the point of the view of the area as a whole, there is bound to be a costly overlapping of efforts and a duplication of facilities.

A typical situation resulting from the lack of machinery for intercommunity action on common projects is found in the difficulty outlying communities are having in handling their sewerage problems. George L. Hall, Chief Engineer of the State Department of Health, recently pointed to the obstacles encountered by counties on Baltimore City's fringe in developing sanitary sewer systems for fast growing areas without creating a series of small disposal plants, instead of one or two large efficient plants.

In attempting to determine a practical device whereby public improvement programs might be jointly planned and carefully integrated for the over-all benefit of the total Baltimore metropolitan district, the author examined the experience of other areas. As far back as 1790 the Pennsylvania Legislature provided for the election of a board of prison inspectors with functions not only in Philadelphia but in the contiguous suburbs. Following that other special authorities were created to deal with intercommunity problems. But, this method was found to be a substitute rather than a satisfactory answer to the need for voluntary and coordinated administration, and these special authorities were abolished. Other areas, faced with increasing problems of sanitation, water supply, public health, and police and fire protection, tried different methods, such as the creation in New York City of special districts. But, these too were found to be unsatisfactory.

That the scope of city government cannot remain static, but must be extended from time to time in order to meet growing needs, was demonstrated in the annexation and consolidation process that many leading cities went through in their early development. In 1851 Baltimore was separated from its county

without any enlargement of the territory. Since that time the City limits have been expanded in 1888 and in 1918, increasing the City's territory from 13 square miles at the date of incorporation to the present 79 square miles. In recent years there has been little annexation of territory by major cities in spite of the rapid growth and urbanization of the contiguous areas.

Various administrative techniques for integrating metropolitan services were examined to determine their applicability to the situation in the Baltimore metropolitan region. These devices fell into two major categories, those involving no change in governmental structure and those requiring such a change. Because of the resistance to any plan entailing radical changes in governmental structure there has been extensive resort to special agencies in attempting to integrate metropolitan services.

One of the oldest mediums for extending public services of the central city is through the granting of extraterritorial jurisdiction. For example, Baltimore has authority to control contagious diseases within three miles of the City. Other cities have the power to regulate industries, operate their transportation system, and supervise water and milk supplies outside city limits. However, these extraterritorial powers are too specialized to have extensive value.

Ad hoc authorities are often established to deal with some specialized function or provide an essential service which the suburbs cannot furnish themselves. These special authorities, dealing as they do with particular aspects of local functions, are no substitute for an agency empowered to deal with the over-all problems of an area. Other intergovernmental arrangements for integrating metropolitan services have similar limitations and are at best stepping stones toward a thoroughly comprehensive metropoli-

tan government. Such a government would of course require very basic changes in the structure of the existing governmental units. Changes involving annexation and consolidation have become virtually impossible. As the outlying regions have grown in population and wealth, they have continued to seek freedom from city taxes and control.

More extreme devices which have been considered, but not yet adopted anywhere, are the federated metropolis and the metropolitan city-state. The former provides for the central government to replace the county government so as to transform the county into a full-fledged municipal corporation. At the same time the corporate identity of each of the municipalities and townships in the county is constitutionally preserved and the units retain all powers, but those specifically transferred to the metropolitan government. The metropolitan city-state, because it too is a drastic innovation, has little likelihood of immediate acceptance. Under such a plan the metropolitan areas of major cities as New York and Chicago would be established as separate states of the Union.

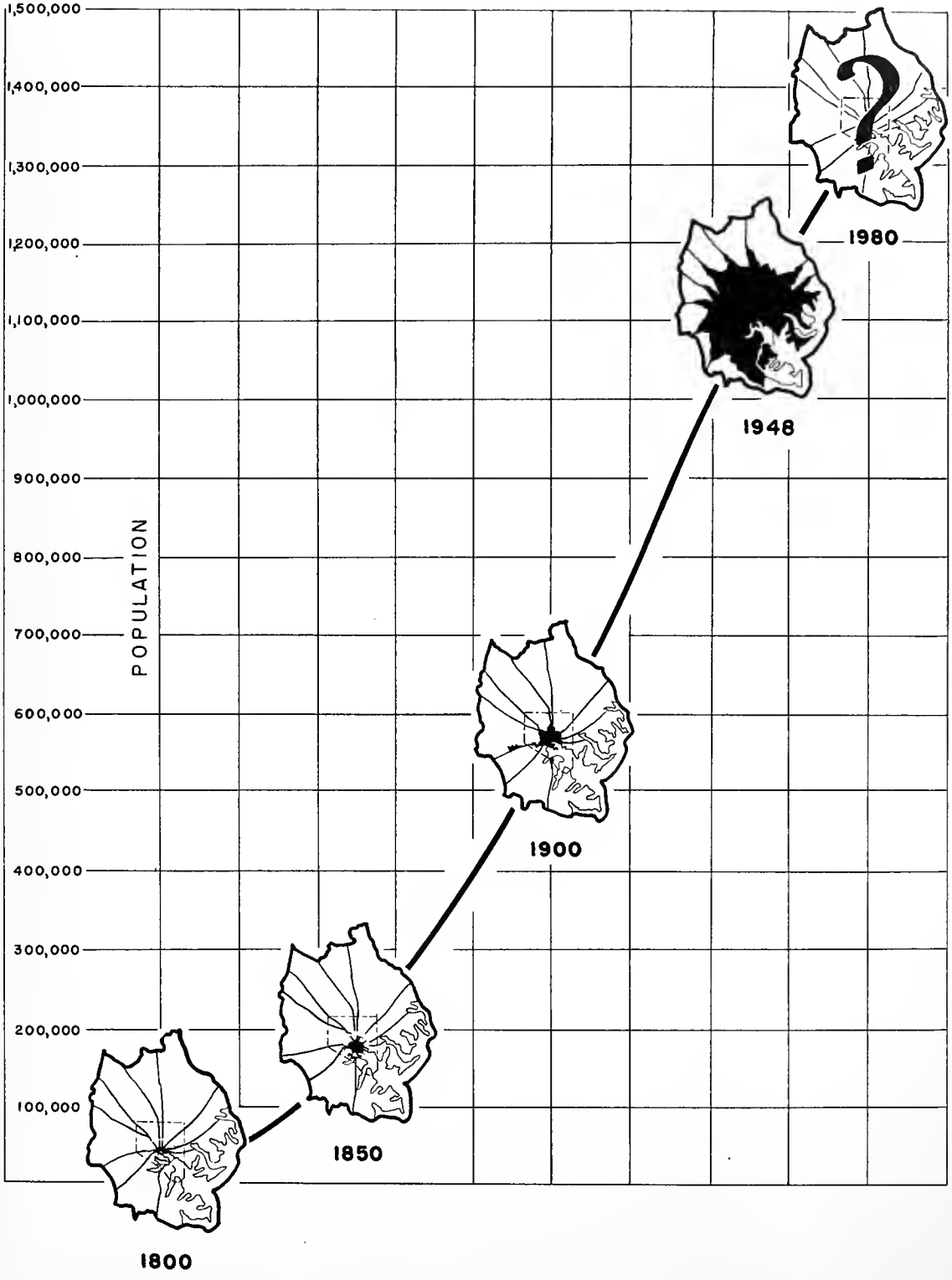
Concluding his evaluation of all of these devices for coordinating metropolitan services, the author proposes a less dramatic approach, predicated on the voluntary cooperation of the communities in the Baltimore Metropolitan District. While it would naturally be slower in its development, the voluntary program would offer a firm founation for a functioning organization to integrate growth and development of the area.

The first consideration was a careful delineation of the area encompassed in the Baltimore Metropolitan District, which was determined after an extensive study of the economic, political, social, and physical factors. The functionally interdependent area comprising the Baltimore Metropolitan District includes Baltimore City, Baltimore County, and parts of Anne

FIGURE 2

BALTIMORE METROPOLITAN DISTRICT

POPULATION EXPLOSION CHART



Arundel and Howard counties. The area selected differs from the United States Census Bureau's definition of the Baltimore Metropolitan District, which contains communities not considered by the author as an integral part of the Metropolitan District. The total area of the Metropolitan District as defined here is 722 square miles. However, a metropolitan region cannot have static boundaries. It must be left sufficiently flexible for adjustment to changes in the needs and activities of the area.

There are now over a million and a quarter people in the Baltimore Metropolitan District and a continued growth in population and activity during the next half century appears inevitable. Studies of the wartime population increase, made by the United States Census Bureau, indicate that the Baltimore area has an excellent chance of retaining its growth during the postwar period. The Baltimore Metropolitan District contained 1,039,565 persons in 1940 and it is estimated that this figure will increase to 1,143,500 in 1950 and 1,348,600 by 1980.

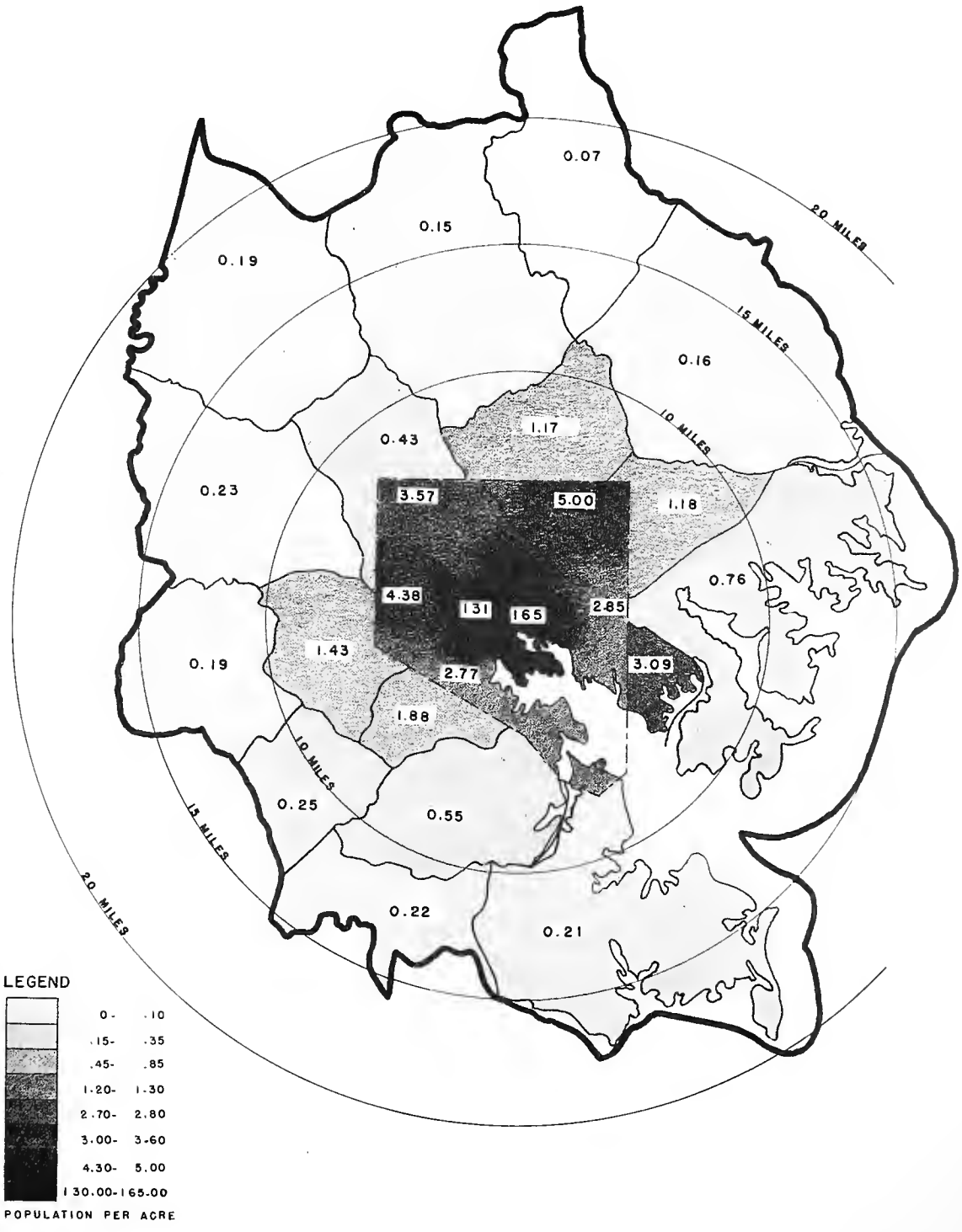
The population is most heavily concentrated in Baltimore City where in 1940 there were 17 persons per acre. In Baltimore County the population per acre was 0.5. The part of Howard County in the Metropolitan District had 0.21 persons per acre, while the metropolitan sections of Anne Arundel County had a density of 0.30. The average population per acre for the Metropolitan District was 2.24.

There are no overlapping governmental jurisdictions in the Baltimore Metropolitan District. Baltimore City is the only incorporated city in the District. The number of governmental units contained in the area is very small compared to most metropolitan regions. In the major metropolitan districts of the United States the number of governmental units ranges from 1,039 in the New York-Northeastern New Jersey-Connecticut District to 42 in

FIGURE 6

BALTIMORE METROPOLITAN DISTRICT

POPULATION DENSITIES



the Providence, R.I.-Massachusetts District. The Baltimore Metropolitan District contains only six governmental units (four political subdivisions and two sanitary districts). The unusual simplicity of the governmental structure of the Baltimore District is a decided advantage in working out plans for coordinated action.

The financial ability of the governmental units in the Metropolitan District to function in a coordinated program of public improvements and services is examined in the report. The tax rate for Baltimore City is the highest in the Metropolitan District. However, to the tax rates in the three counties must be added other taxes superimposed on the basic rate to provide public services in special areas. These additional taxes decrease the difference between the rates in the City and the surrounding areas. If public services were equalized in the whole area the differentials in tax rates would tend to be eliminated, and a more integrated tax structure would result. Under the plan proposed for creating an organization to integrate and coordinate public services in the metropolitan area, such an equalization of services and taxes will depend upon the action taken by the individual units of government in the District.

The major proposal made by Mr. Pasarew in the study was that an administrative body be established to deal with the planning and development of the area. A workable plan was set forth whereby, through voluntary cooperation, the communities in the metropolitan region could coordinate their public services and public improvement programs. Because of the simplicity of the governmental structure in the District there could be a corresponding simplicity in the organization of the planning body.

The author suggested the establishment of an organization to be called the Baltimore Metropolitan District Planning and Coordinating Com-

mittee to consist of 11 members as follows: Baltimore City, Baltimore County, and those parts of Anne Arundel and Howard counties included in the Metropolitan District, to be equally represented by two members each. The three remaining members, to serve as technical advisers, would be the Chief Engineers of the State Roads Commission and the State Department of Health and the Director of the State Planning Commission.

Henry P. Irr, Chairman of the State Planning Commission, took the lead in bringing about action to meet the recognized need for a coordinated planning organization for the area. On April 29, 1948 he called together leading officials of Baltimore City and the three counties in the Metropolitan District. Following the proposals of the report, there was established the Baltimore Metropolitan District Planning and Coordinating Committee consisting of the following persons:

Baltimore City	Baltimore County
Paul L. Holland, Director Department of Public Works	Malcolm M. Dill, Director Baltimore County Planning Commission
Thomas F. Hubbard, Chairman Planning Commission	Nathan L. Smith, Chief Engineer Department of Public Works
Anne Arundel County	**Howard County**
Weems R. Duvall, President Board of County Commissioners	Charles E. Miller County Commissioner
W. Benton Shipley County Commissioner	E. Walter Scott County Commissioner

State of Maryland

William F. Childs, Jr., Chief Engineer
State Roads Commission

George L. Hall, Chief Engineer
State Department of Health

I. Alvin Pasarew, Director
State Planning Commission
Chairman of the Committee

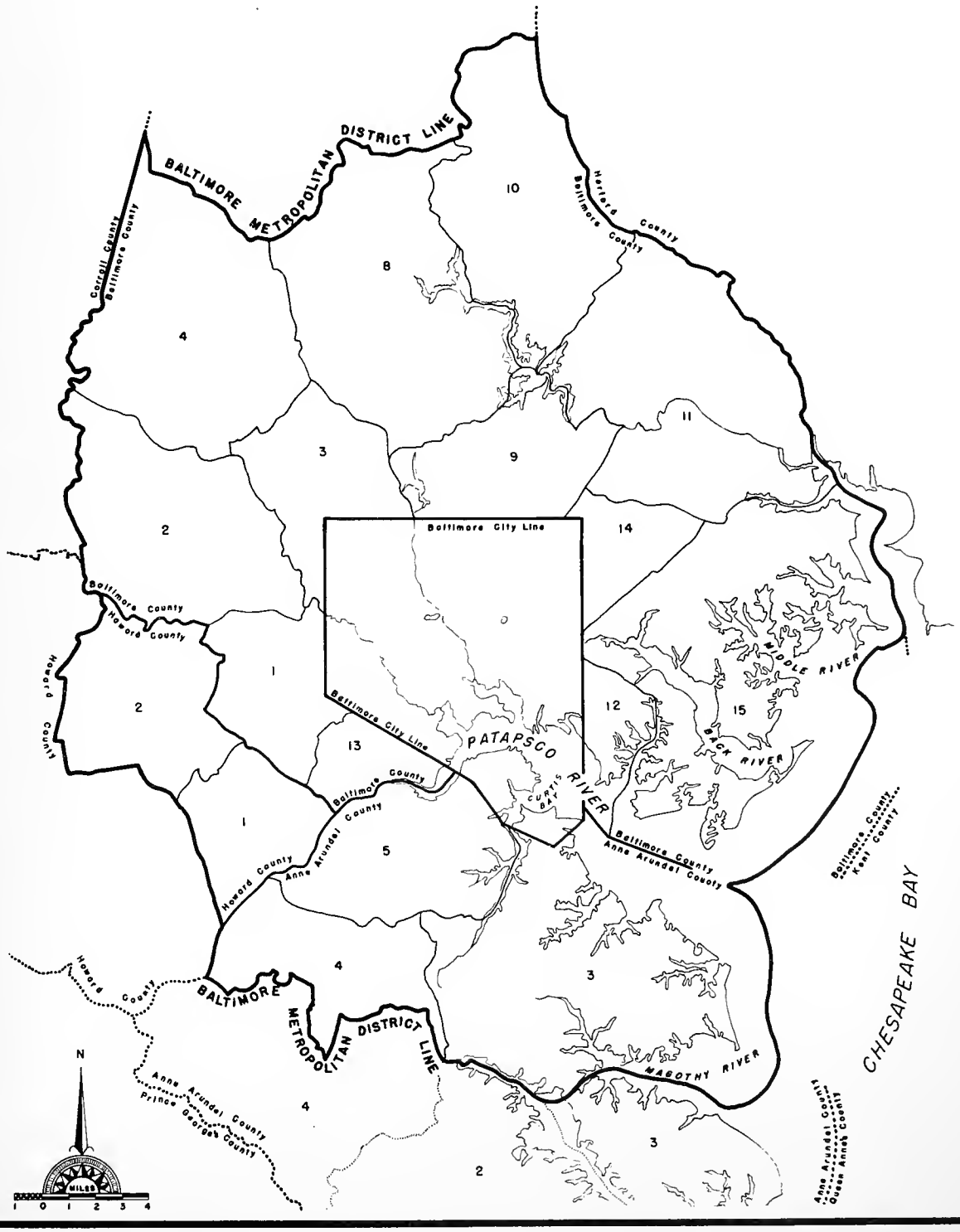
The eight members from Baltimore City and the three counties are key public officials who can bring to the Committee an intimate knowledge of the needs and resources of their communities, and can take back to their communities an interpretation of the work of the Planning and Coordinating Committee. The Chief Engineers of the State Roads Commission and the State Department of Health, technically trained officials of the State, have the specialized knowledge required by the Committee. The development of a coordinated roads program is a major need of the Baltimore area, as is also the unification of the sanitary systems. The Director of the State Planning Commission, concerned as he is with the integration of research, planning, and development for the entire State, was named Chairman of the Committee.

The Committee is not concerned with the planning problems of any particular community, but with the planning and integration of major projects that involve large areas within the Metropolitan District. Typical problems that concern the total region are main highways and principal roads; main lines for water and sewerage; construction and maintenance of large disposal plants and reservoirs for area-wide servicing; public health; the establishment of parks and recreational areas; and traffic regulation on main highways and intersections.

Efficient planning requires a thorough knowledge of the resources of the area. The Committee has determined that a comprehensive inventory is required of all of the resources of the District -- physical, social, and economic. An important function of the Committee is to develop a master plan for the long-term development of public facilities in the area. With the factual background supplied by such an inventory it will be possible to analyze the needs and potentialities of the area and to project a

FIGURE 10

PROPOSED
BALTIMORE METROPOLITAN DISTRICT



realistic master plan.

Integration is the basic aim of all metropolitan planning and this is the primary function of the Committee. With its district-wide representation, its accessibility to comprehensive data, and its top-ranking technical advisers, the Committee can draw up plans that will produce maximum benefits for the entire District. A basic principle underlying the Committee is that of voluntary cooperation. Since it has only advisory powers and no legal authority there must be genuine interest of the communities in the plans proposed before they can be realized. The financing of the Committee's operations do not pose any problem since the staff and technical assistance required in initiating the program is being furnished by the State Planning Commission, as well as a center for its activities.

In the short time since its organization the Planning and Coordinating Committee, through its subcommittees, has worked out a system for coordinating zoning and land uses in the area surrounding the Friendship International Airport. It has tracted census enumeration areas for the Metropolitan District to provide a uniform basis for the collection of fundamental data. A subcommittee is now working on a recreational survey of Greater Baltimore.

The Board of Directors of the Baltimore Association of Commerce, aware of the urgent need for an organization to integrate and coordinate planning activities in the metropolitan region, unanimously adopted on November 18, 1948 the following resolution offering its cooperation in carrying out the aims and purposes of the Baltimore Metropolitan District Planning and Coordinating Committee:

> WHEREAS, Baltimore, in common with other large cities, has experienced a decided flow of population from the more congested areas of the central city to the surrounding suburban areas, and

WHEREAS, This resulting growth of the metropolitan district has made the old municipal governmental procedures inadequate to cope with the district's many and varied requirements, and

WHEREAS, this trend has emphasized the need for a well-considered system of integrated planning and development between the city and county officials, and

WHEREAS, many needed public improvements for the metropolitan area are now being planned and projected for execution in the near future, and

WHEREAS, lack of integration of planning and execution of these extensive improvement programs is likely to result, as it has in the past, in individual action on the part of the separate political units contained within the areas, which would inevitably result in duplication of facilities and uncoordinated development and also a strong likelihood of increased cost, and

WHEREAS, a start has recently been made in achieving greater coordination between city and county political units through the formation of the Baltimore Metropolitan Planning and Coordinating Committee, and

WHEREAS, the voluntary Functional Plan for the Baltimore Metropolitan District, as initiated by the Maryland State Planning Commission, represents a timely and sound approach to the problem of developing a coordinated master plan for the long-term development of public facilities in the Baltimore area,

THEREFORE, BE IT RESOLVED that the Baltimore Association of Commerce heartily endorses this functional plan in principle and offers full cooperation to all parties concerned in carrying out its aims and purposes.

MANUAL OF COORDINATES FOR PLACES IN MARYLAND[1/]

The "Manual of Coordinates for Places in Maryland" was prepared as a supplement to the "Gazetteer of Maryland" which was published in 1941. The Manual, a pocket-size guide, makes possible the identification and location of some 12,000 places in the State, many of which have been difficult to locate on any map of practical scale. The 1939 General Assembly established the Maryland Coordinate System based on the coordinate system of the Coast and Geodetic Survey.

The publication of this Manual has given impetus to the acceptance and utilization of the system. It is a valuable reference for various State agencies, police and fire departments, public utilities, private businesses, and the general public. Several hundred copies have been made available to the State Police, who have demonstrated the system to be a vital tool in protecting the lives and property of the people of Maryland. The Manual makes possible the rapid location of remote places and prevents errors due to confusing two or more places of similar names. Through the cooperation of the State Roads Commission a 1948 Official Highway Map is being distributed with each copy of the Manual.

The coordinate system is based on a plan whereby any point is designated by its distance from two imaginary lines, one running east and west,and the other north and south, through a point of origin. The origin of the Maryland Coordinate System has been fixed at a point southwest of the State in order that all coordinates would be to the east and north of it. The coordinates of this point are 0 - 0, and for the purpose of the Manual the imaginary

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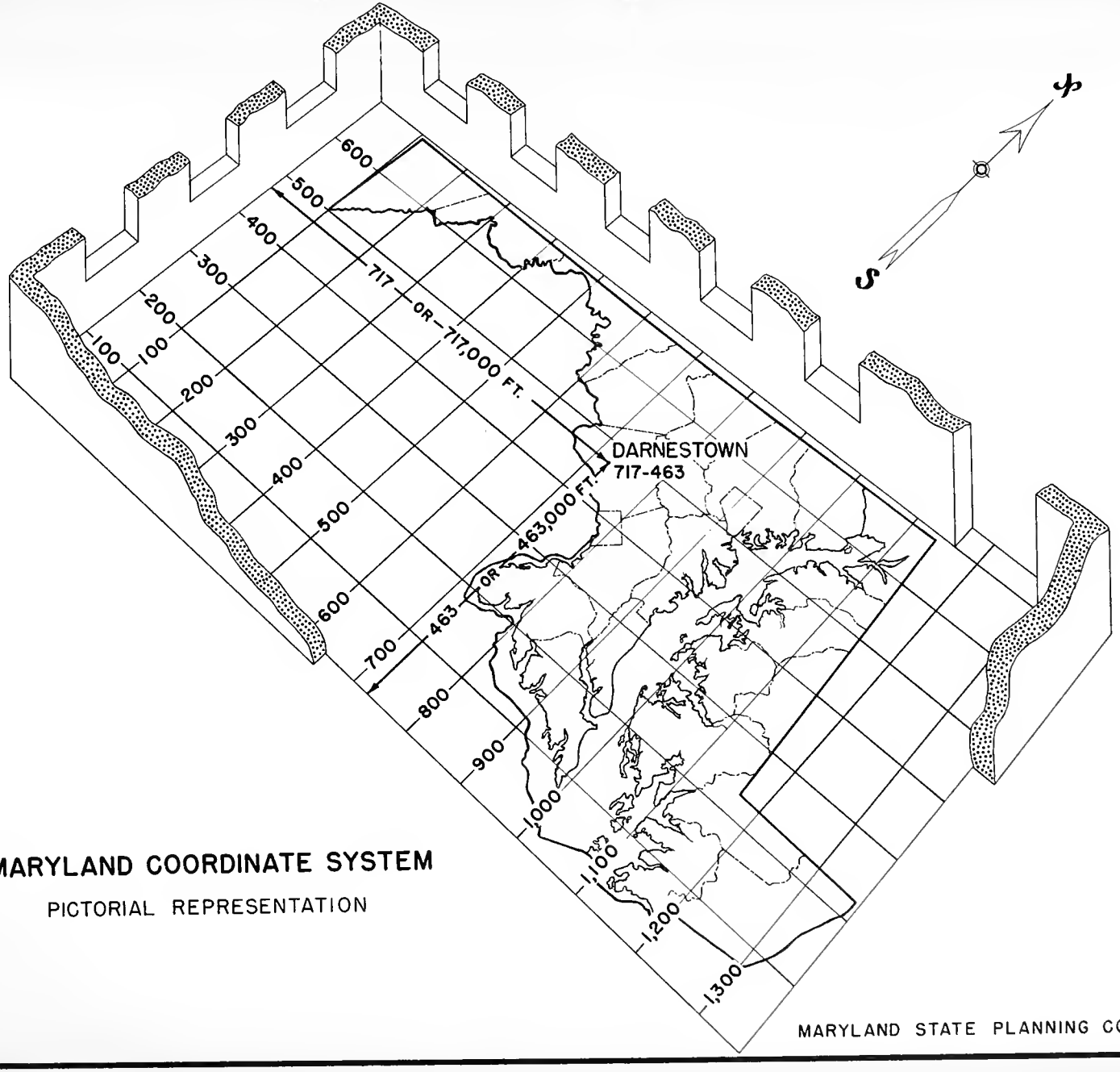
1/ Manual of Coordinates for Places in Maryland, Maryland State Planning Commission, Publication No. 51; 152 pp., first printing September 1947, second printing, May 1948.



MARYLAND COORDINATE SYSTEM

PICTORIAL REPRESENTATION

MARYLAND STATE PLANNING COMMISSION

lines of the grid are spaced at intervals of 1,000 feet bearing due east and due north. By superimposing such a grid on any map of Maryland it is possible to define any point on the map or find any place, if its coordinates are known.

The Manual contains an alphabetical listing of all places in the State. Each listing is followed by two numbers. The first designates the distance in thousands of feet that the place lies east of the point of origin, while the second number indicates the distance north of the point of origin. The coordinates are given to the nearest thousand feet, which is adequate for purposes of identification.

A typical page from the Manual is reproduced on the following page. A key to the county abbreviations precedes the listing of places in the Manual.

A coordinate system of reference is now used on all official State maps. Maps with the Maryland State Grid superimposed are currently being issued by the State Roads Commission. Maps of the individual counties and the entire State are also available with marginal ticks, by means of which the grid may be inscribed. All recent quadrangle sheets of the U. S. Geological Survey and maps of the Department of Geology, Mines and Water Resources also have the marginal ticks.

In addition to the main alphabetical index, the Manual contains sections on locating railroad stations and numbered highways in the State. Since a road is represented on a map by a line, any number of sets of coordinates could be selected to define the road. The point used is approximately midway between the ends of the highway.

MANUAL OF COORDINATES

(TYPICAL PAGE)

Place	*County*	*Coordinates*
Piney Point	K	1040–480
Piney Point	QA	1020–404
Piney Point	QA	1032–443
Piney Point	SM	935–110
Piney Point (vil.)	SM	940–114
Piney Point Beach	SM	938–112
Piney Point Creek	SM	935–113
Piney Point, Emergency Landing Field near	SM	937–117
Piney Point Light	SM	935–110
Piney Ridge	A	403–688
Piney Ridge Run	A	399–680
Piney Run	AA	878–486
Piney Run	B	863–621
Piney Run	Cl	794–580
Piney Run	G	109–629
Piney Run, Big	G	238–690
Piney Swamp	D	1015–235
Pinkerton	SM	884–229
Pin Point	S	1105–103
Pinto	A	281–637
Piny Cove	D	1076–131
Piny Run	AA	878–486
Pioneer Point (historic)	QA	1043–450
Pioneer Point Farms	QA	1045–451
Pipe Creek (vil.)	Cl	762–626
Pipe Creek Church (vil.)	Cl	763–635
Pipe Creek Flour Mill	Cl	771–668
Pippin	Wo	1216–163
Pirate Islands	Wo	1308–101
		1308–103
Pirates Wharf	Wi	1160–180
Pirot	Ce	1144–623
Piscataway	PG	807–316
Piscataway Creek	PG	840–345
Piscataway Road	PG	825–338
Piscowaxen Creek	Ch	823–195
Pisgah	Ch	762–258
Pitcherdam Creek	D	1067–232
Pitts Creek	Wo	1205–077
Pitts Creek Church	Wo	1219–068
Pittsville	Wi	1255–209
Pivot	Ce	1144–623
Plaindealing Creek	T	1037–326
Plains, The (historic)	SM	888–239
Plane No. 4 (vil.)	F	740–560
Plantation Point	D	1016–228
Planters Wharf	C	947–217
Planters Wharf Creek	C	950–218
Playfield Ditch	Wo	1241–096
Pleasant Gap (gap & vil.)	Cl	803–589
Pleasant Grace Church	Ch	752–264
Pleasant Grove (vil.)	B	857–622
Pleasant Grove Church	B	855–622
Pleasant Grove School (vil.)	Cl	780–680
Pleasant Hill (vil.)	B	856–584
Pleasant Hill (vil.)	Ce	1109–671
Pleasant Hill	M	716–465
Pleasant Hill Church	B	859–580
Pleasant Hill Fire Tower	Ce	1110–667
Pleasant Hill Road	B	854–678
Pleasant Hill School (vil.)	W	610–641
Pleasant Plains	B	918–565
Pleasant Point	B	959–518
Pleasant Valley	A	340–692
Pleasant Valley	B	907–637
Pleasant Valley (vil.)	Cl	787–655
Pleasant Valley	G	169–637
Pleasant Valley	W	611–568
Pleasant Valley (vil.)	W	649–658
Pleasant Valley Run	G	168–640
Pleasant Valley School (vil.)	W	650–657
Pleasant View	F	660–529
Pleasant View Church	F	628–672
Pleasantville	H	958–624
Pleasantville	W	591–549
Pleasant Walk	F	635–622
Pleasant Walk School (vil.)	F	635–622
Pleasure Island Beach	B	970–511
Plowdens Wharf	SM	856–163
Plowder's Wharf	SM	856–163
Plumb Point (vil.)	C	939–285
Plum Branch (creek)	Wi	1165–254
Plum Creek	AA	916–444
Plum Creek	Ce	1110–636
Plum Creek	Wi	1165–254
Plummer Island	M	750–414
Plummer Store (vil.)	AA	909–336
Plum Point (vil)	C	939–285
Plum Point	C	940–287
Plum Point	Ce	1122–631
Plum Point	H	1050–603
Plum Point	K	1038–548
Plum Point Beach (vil.)	C	938–287
Plum Point Church	C	930–278
Plum Point Creek	C	934–280
Plumtree Branch	B & H	922–673
Plumtree Branch	Ho	847–518
Plumtree Run	H	985–605
Plungers Creek	S	1080–103

COMPENDIUM OF STATE RESEARCH ACTIVITIES[1/]

Under Chapter 596 of the Acts of 1947 the State Planning Commission is authorized, ". . .for the information of the several departments and officials of the State and the public, to compile and make available, at such time or times as it may deem desirable, a list or inventory of current research being conducted by the several State departments, institutions, officials or agencies on questions or subjects affecting or relating to the work or activities of any department or agency of the State." The first such inventory was completed by the State Planning Commission in 1948. It is intended that the State's research activities will be inventoried on an annual basis.

A comprehensive survey of research activities being conducted by State agencies or in behalf of the State and/or its political subdivisions resulted in a listing of 508 research projects in the Compendium. In response to a questionnaire, 30 out of 83 State agencies reported that they were conducting studies relating to State problems. For the purpose of the Compendium, research was taken to mean not only controlled experiments, original investigations, and reviews, but also surveys and compilations designed to present existing facts in a new or more usable manner.

The Commission intended that the Compendium would stimulate the interchange of information and joint endeavors among the State agencies, as well as report to the people of Maryland on the many areas of study for which public funds are being expended. Information listed in the Compendium about the individual projects includes the nature of the research, supervising official, expected date of completion, and publication plans.

1/ Compendium of State Research Activities, Maryland State Planning Commission, Publication No. 54; 48 pp., May 1948.

Part I lists the 112 non-university projects which are grouped in the following ten general categories: Archives, Conservation and Water Resources, Education, Employment and Economic Trends, Government Finances, Health and Public Welfare, Housing, Legislation and Law Enforcement, Planning and Public Works, and Transportation and Traffic Control. Approximately 38% of the non-university studies dealt with conservation and water resources and 23% were in the field of health and public welfare.

Table 1 from the report, shows the distribution of non-university research projects by the ten categories listed above. The classification of these studies is somewhat arbitrary since, in some instances, one investigation might logically fall into several groups. Therefore, this table is intended to show the general pattern of the studies and rather than the preponderance of one field of investigation over another.

TABLE 1

DISTRIBUTION OF STATE RESEARCH ACTIVITIES

(NON-UNIVERSITY)

Subject	Number of Projects	Per Cent 1/
Archives	3	2.7
Conservation and Water Resources	43	38.4
Education	8	7.1
Employment and Economic Trends	8	7.1
Government Finances	1	0.9
Health and Public Welfare	26	23.2
Housing	1	0.9
Legislation and Law Enforcement	9	8.0
Planning and Public Works	8	7.1
Transportation and Traffic Control	5	4.5
Totals	112	100.0

1/ Figures will not necessarily total 100% because of rounding.

Part II of the Compendium lists the studies being conducted by the University of Maryland. Projects are divided according to the college or professional school responsible for the research. Again the percentage distribution of the investigations, given in Table 2, should not be interpreted rigidly. This table shows that 39% of the University studies were in the field of agriculture and 24% in medicine.

TABLE 2

DISTRIBUTION OF STATE RESEARCH ACTIVITIES

(UNIVERSITY OF MARYLAND)

Division	Number of Projects	Per Cent[1/]
College of Agriculture	155	39.1
College of Arts and Sciences	60	15.2
College of Business and Public Administration	15	3.8
College of Education	13	3.3
College of Engineering	20	5.1
College of Home Economics	3	0.8
School of Dentistry	23	5.8
School of Medicine	96	24.2
School of Pharmacy	11	2.8
Totals	396	100.0

An appendix to the Compendium lists the State agencies that participatedin the Inventory. First are shown those agencies with research projects in progress, and the number of projects reported. This is followed by a list of the State agencies participating in the Inventory who had no investigations underway.

1/ Figures will not necessarily total 100% because of rounding.

WHOLESALE MARKET FACILITIES FOR GREATER BALTIMORE AREA[1/]

The urgent need for modern and economic market facilities in Baltimore has long been felt. Twenty years ago the need for improving the market was already realized and a committee of dealers operating in the area attempted to formulate a plan for the development of a new market. The plan did not materialize and this effort was followed by numerous other committees and investigations of the market conditions. The last of these efforts, made by a Legislative Commission appointed in 1943 and composed of representatives of all groups interested in the market, resulted in two reports, a majority and a minority report, submitted to the Legislature in 1947. As a result of these conflicting reports no action was taken on the proposed legislation. Instead the Maryland State Planning Commission was requested by the General Assembly to undertake a study of the problem.

Each of the previous investigations had failed to provide an overall acceptable plan for improving the wholesale marketing conditions. Therefore, the Commission attempted to study the problem in its entirety and to present a feasible and profitable solution for all interests concerned with the development of a modern and economic market for the Baltimore metropolitan area.

A Committee on Wholesale Market Facilities for Greater Baltimore was established to make the study, and Arthur J. Kelsey, Architect, was engaged as Consultant. In appointing the Committee, Henry P. Irr, Chairman of the State Planning Commission, stated: "The aim of the committee will be to work out a program to provide modern and economic means for receiving and distributing

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1/ Report on Wholesale Market Facilities for Greater Baltimore Area, Maryland State Planning Commission, Publication No. 55; 103 pp., October 1948.

produce through the wholesale channels in greater Baltimore." The Committee, headed by Paul L. Holland, was charged with the following tasks:

1. To examine the modes of transporting produce to and from the markets, the routes traveled, and the volume and variety of produce brought to Baltimore City markets.

2. To study the location, facilities, and management of the existing wholesale markets, and to evaluate the adequacy of these in terms of present and projected needs.

3. To consider the advisability of maintaining one or several markets, since dissatisfaction has been voiced that a "split market" raises the cost of marketing and distribution.

4. If deficiencies of location and facilities are fully established, to investigate available market sites, submit plans for improvement and/or construction of facilities on each desirable site, and estimate the costs involved.

5. To recommend one or more proposals of financing the proposed plans, giving due consideration to the interest of all groups affected.

6. To draw up legislation, if needed, to effectuate the entire program or programs recommended.

With the cooperation of various City, State, and Federal agencies and members of the produce industry, a comprehensive study of wholesale market facilities for perishable produce was completed. At the present time, the Baltimore wholesale market is divided into six segments, four of which could be combined into a single consolidated market. In 1773, 24 years before Baltimore was incorporated, Center Market was built to serve the growing city as a public market place for food brought in by boat from the rural areas. Eleven years later another public market, Hanover Market, was built, also near the "publik landing." Both of these market places are still in use, essentially unchanged, after 175 years. They were originally built as retail markets, but because of their location a wholesale trade grew in and around them. This was particularly true of the Hanover Market area after the devel-

CAMDEN MARKET

opment of the railroad, because of its proximity to the Camden Station of the B. & O. Railroad. The development of these markets in the center of the City, near the waterfront, was not accidental since, at that time, waterways were the chief means of trade with distant areas.

As the City grew in size and population the volume of produce needed increased greatly. In the 19th Century Baltimore grew from an area of less than 15 square miles to 32 square miles and from a population of 26,000 to 500,000. Baltimore has since become the center of an active metropolitan district of 625 square miles, containing over a million and a quarter people. Thus the Baltimore market has become essentially a regional market. It is also of national importance because it receives and distributes perishables produced in almost every state and several foreign countries.

Increased facilities were required to handle this expanded volume of goods. Additional buildings in the Camden area were taken over for market purposes, but this was not sufficient, and in the late twenties a tentative plan for consolidation of the markets in cooperation with the B. & O. and the Pennsylvania railroads was proposed by a committee of the trade. But, the Pennsylvania Railroad refused to cooperate and the plan was dropped. Shortly afterward the two railroads built separate produce terminals, the B. & O. next to Camden Station and the Pennsylvania Railroad next to Mt. Royal Terrace near North Avenue. The growth of the chain-store system took care of an additional portion of the required expansion. The chain-store warehouses became a separate segment of the wholesale market.

Thus the Baltimore wholesale market grew to consist of six separate, though interdependent, segments as follows:

1. The boat piers on Pratt Street, once the principal receiving point, are now used almost exclusively for the handling of bananas, of which less than one-tenth is distributed in the Baltimore area.

2. Marsh Market serves local producers and merchant truckers through a brokerage system probably unique in the country. Immediately north of Marsh Market itself, and an integral part of the market area, is the Wholesale Fish Market. Wholesale produce dealers, unable to find space in the Camden area, are infiltrating into the west side of Market Place, splitting this market into subsegments. All produce handled by this market is received and distributed by truck.

3. The Camden area is the major wholesale market. It handles the largest volume and in it can be found a more nearly complete line of produce than in any other wholesale market in the City. Although a large volume of produce is shipped by rail to dealers in this market, no stores have rail connections, and all produce is received and distributed by truck. This area is also a center for wholesale firms dealing in poultry, eggs, meats, dairy products, spices, and staple groceries.

4. The B. & O. Produce Terminal, opened in 1930, handles mostly fruits received by rail. It also includes an auction. It is not open to truck receipts.

5. The Pennsylvania Produce Terminal, opened in 1931, handles mostly vegetables received by rail. It is not open to truck receipts.

6. There are three principal chain-store warehouses in Baltimore. These warehouses receive produce both by rail and by truck direct from producers, and, in addition, receive some of their supplies from other markets. A fourth chain is serviced from its warehouse in Philadelphia, and a few small chains, each serving two or three stores, procure supplies from dealers in the markets.

In 1947 approximately 41,000 carlot equivalents of fresh fruits and vegetables and 3,850 carlot equivalents of poultry and eggs, worth over 100 million dollars, were received and distributed through the Baltimore market, in addition to some 3,000 cars of dairy products and 10,000 cars of meat and meat products. Every working day an average of nearly 200 carlots are unloaded, sold, assembled, reloaded, and distributed to some 3,000 retail groceries, hotels, restaurants, institutions, ships, ship chandlers, and other outlets by 175 dealers with 1,000 employees. A million and a half people in the 4,000 square miles of the Baltimore sales area, which extends beyond the metropoli-

FIGURE 2

BALTIMORE METROPOLITAN DISTRICT AND SALES AREA

MARYLAND STATE PLANNING COMMISSION

tan district, depend on this market for their food supply. Another half million, in an area bounded by Washington, D.C.; Cumberland, Maryland; Harrisburg, Pennsylvania; and Cambridge, Maryland, are dependent on this market for at least a part of their supplies.

Serious disadvantages suffered as a result of the divided character and inadequate facilities of the Baltimore market must be corrected if it is to keep up with the market improvements made by other cities and maintain its position as a regional produce distribution center. The analysis of the Baltimore market indicated that an increase in the cost of distribution of produce resulted from the split nature of the market, lack of adequate street and parking areas, inefficient and obsolete store facilities, lack of adequate rail connections, restrictive regulations, and the location of the various segments of the market.

The existence of a split market and the fact that no one segment of the market except for the Camden area handles a complete line of produce, force buyers to travel extra distances and spend extra time in making their purchases. This increases the cost of doing business and must ultimately be reflected in the prices paid by the consumer. A great deal of produce is trucked to the markets; each handling increases the spoilage and deterioration and adds to the ultimate cost. The split market makes it difficult to assemble quick and accurate information on the available supply of items, thereby interfering with the operation of the laws of supply and demand and the establishment of fair prices. The disorganized character of the market has made it difficult to enforce designated market hours. Supplies arrive at the various locations around the clock. Sellers do not know when buyers will come and buyers do not know when they will find the most favorable marketing conditions. Produce can be bought at any market at almost any time. These uncertainties

result in longer working hours for both buyers and sellers, increased overhead costs, and mounting overtime payrolls to add to the final cost of distribution.

The inadequate streets and parking facilities are further strained by the movement of trucking produce from one market to another. The streets surrounding the Marsh and Camden markets are narrow and congested and parking space is extremely limited. Dealers must park their loads wherever they can find space, sometimes several blocks from the market and the produce must then be moved to the stores by hand or hand truck. These factors increase the time of operations, the amount of spoilage, and inevitably affect costs.

Many of the buildings used are obsolete. With the exception of the two railroad buildings practically none of the market buildings were designed for their present use. Hanover Market building is 110 years old. Although nearly all dealers' stores are more than one story high, only 45% of the floor space above the first floor is utilized. Not even all of the first floor space can be used because of poor arrangement and obstructions. A survey of the wholesale market, except for the chain stores, indicated that total space available, including sidewalks, is used to only 66% of capacity. The first floor and basement are most valuable and space above the second floor is almost worthless.

Few of the buildings are rodentproof or have basements, freight elevators, or other mechanical equipment, direct rail connections, and platforms at track-bed height. Only the railroad terminals and the chain-store warehouses have modern and efficient buildings and equipment. The B. & O. and the Pennsylvania railroads do not permit the unloading of truck receipts at their terminals. The chain-store warehouses are the only segments of the market which can receive shipments by both rail and truck. Many of the stores are without rear entrances and few of the existing ones can be used because of

narrow alleys or other obstructions. The sidewalks in front of the stores are used for loading and unloading as well as for the display of merchandise. Sidewalk space in front of restaurants and other businesses is rented for the display and sale of produce.

There are no facilities in the Baltimore wholesale market for farmers and truckers to display and sell their produce. The shed facilities of Marsh Market are used solely by those who buy, or handle on commission basis, produce brought to the market by farmers and truckers. The City requires farmers, truckers, or others selling wholesale, to obtain a license costing $400 per year. This requirement combined with the lack of facilities, effectively restrains farmers and merchant truckers from handling their own produce in the market.

A serious inadequacy of the Camden and Marsh markets is the lack of direct rail connections, thereby placing a heavy reliance on trucks. It is estimated that total truck-load movements are in excess of 500,000 per year, or an average of 1,600 truck loads on each of the 312 market days. This activity contributes heavily to the congestion in the market areas. Of the total volume of approximately 45,000 carlots of direct receipts of fruits, vegetables, and poultry and eggs which moved through the market in 1947, 57% were received by truck, 40% by rail, and 3% by boat.

Although there were logical and compelling reasons for the original location of the Marsh and Camden markets, these reasons have little validity today. The markets remain where they are largely because of apathy and the need for the wholesale dealers to be grouped together. The Baltimore market, and those of other cities, grew without plan and this haphazard development has resulted in the limitations and difficulties described. Even if the City streets were widened, expressways built, the market buildings repaired and

modernized, and other deficiencies corrected, the locations of the various segments of the market, in themselves and in relation to one another, are a defect which it is impossible to correct except by consolidation of the market in a location suitable for market purposes.

In attempting to arrive at the most economic and feasible solution to this problem, the Committee on Wholesale Market Facilities examined the proposals made in each of the earlier studies. Of all of these proposals, ranging from the modernization and improvement of the existing market, to the building of a new market in the center of the City, the recommendation of a new market outside of the central City seemed most practicable. A market properly located with regard to railroads, highways, and the major street system of the City will actually be more easily and quickly accessible than one located in the center of the City. Outside of the City center sufficient land is available at a price economic for the development of a market and in sufficiently large areas to allow for possible future expansion to meet the growing needs of the region. Development of such an area can proceed without compromises forced by interference with other city functions, as would be necessitated by a downtown market.

The Commission undertook to determine the extent of interest among the various market groups in a new consolidated market, and their willingness to use the facility if it were built. Most of the dealers questioned replied that they would favor a new market if all groups would be combined in one market and the present market were discontinued. It is reasonable to assume that if a new market were built a large proportion of the wholesale trade would gravitate there because of the natural inclination of such interests to congregate in the same area. In addition, other businesses related to the operation of a market would be attracted to the area.

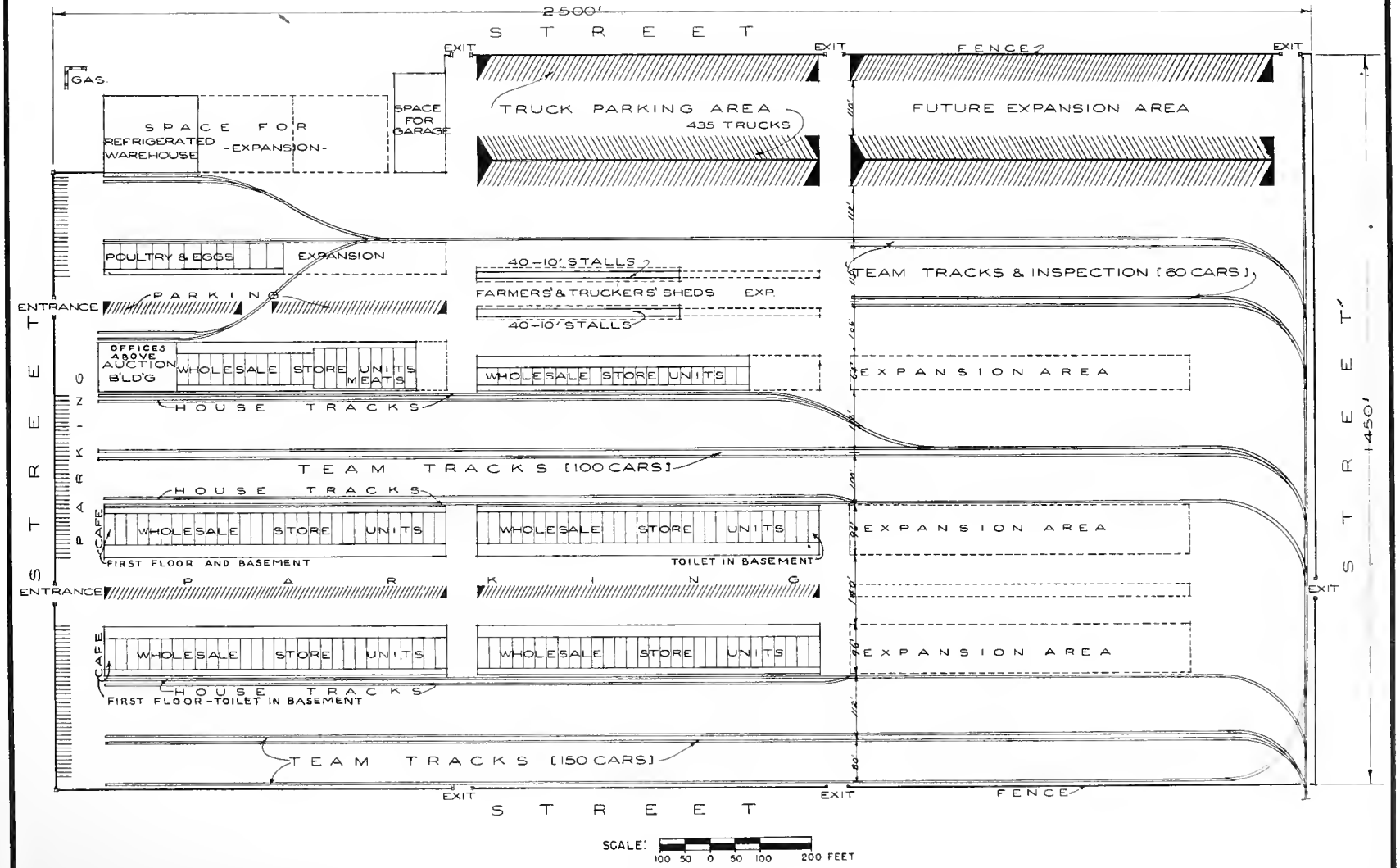
None of the chain stores surveyed were interested in moving to a new market. The farmers and truckers interviewed expressed a deep interest in such a project. Of approximately 206 persons interviewed, excluding the farm groups which were 100% behind the idea, 63% were definitely interested, 25% were not interested, and 12% were uncertain or expressed no opinion. A principal reason for the lack of interest in a new market was the ownership by a number of dealers of property in the present market areas.

A careful analysis of the functions of various divisions of the wholesale market and the types of produce handled was made to determine the kind and size of market needed. Different kinds of facilities would be required for dealers in fruit and vegetables, poultry, eggs, and meat. Space would be required for a produce auction, farmers' and truckers' sheds, and office space for brokers, inspectors, managerial and clerical staff and others. Consideration was given to parking space, adequately sized streets, and rail facilities. Account was taken of the related services that would be required, such as service stations, garages, restaurants, and possibly a branch bank, post office, and telegraph office. Layouts for a market encompassing all of these factors were included in the Committee's report.

Various plans for financing and managing a consolidated market were given consideration. Among these, a nonprofit public corporation, similar to those in other cities or to the Lexington Market Authority in Baltimore (retail market), seemed best fitted for this type of project. Such an organization permits representation of all interested groups in the building and management of the market. It is interested in efficient operation for the benefit of producers, dealers, and consumers, rather than for revenue alone. The special powers of condemnation and the right to receive loans or grants of Federal or State funds can be utilized while it has many of the advantages and the free-

FIGURE 14

POSSIBLE WHOLESALE PRODUCE MARKET LAYOUT ON 84 ACRES



dom of action of a private corporation. Such a corporation has opportunities for financing not usually open to private corporations and it can be set up so that no obligation is assumed by the taxpayer for its financing. It pays taxes like a private corporation to the community in which it is located. This method of building and operating a market is being used in several cities, such as Hartford, Connecticut, and Richmond, Virginia.

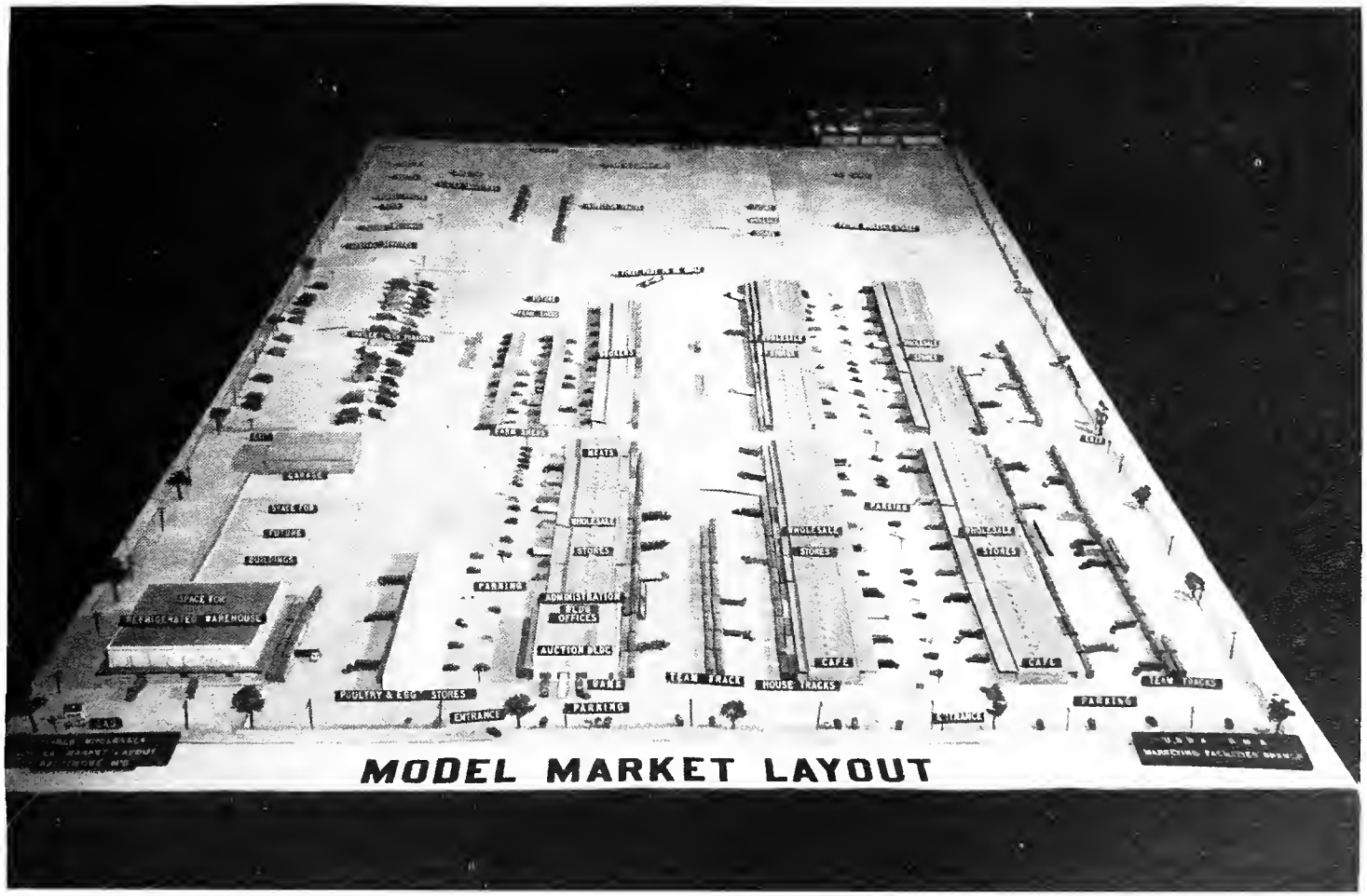
From a municipal point of view the tax-paying feature of a market constructed under such a plan is very important. Marsh and Hanover markets are City-owned and therefore tax-exempt, as is the land occupied by the B.& O. Produce Terminal. This tax-exempt property constitutes a sizable subsidy to the present wholesale market operations. A new market of the size and type required would pay approximately $121,500 for annual taxes on land and improvements.

All possible sites for a consolidated market away from the center of the City were investigated. Possibilities within the center of the City were also investigated, but there was not a site of sufficient size that would not interfere with the City's major street pattern, established industrial areas, and other municipal operations. It was necessary that the site be 75 to 90 acres and of a nature and price which would permit building at a reasonable cost. The site would have to be accessible to both major produce carrying railroads, and to the highways, proposed expressways, and major streets of the City. Only two sites were found to meet these criteria. No attempt was made to find out if these sites were available, or at what price. The sites, shown on the map, are in the southeastern and southwestern sections of the City.

The location near St. Mary's Industrial School meets the needs and has comparatively few disadvantages. It was estimated that the average cost

FIGURE 15

MODEL MARKET LAYOUT



per acre, graded and ready to build on, would vary from $7,800 to $8,100 depending on several possible combinations of sites. The second location at North Point Road is a slightly less favorable location with regard to accessibility to existing major highways and streets. But, this disadvantage is offset by its accessibility to the proposed expressways. The estimated average cost per acre, graded and ready for building, is $2,950, $3,600, and $6,700, for various combinations of sites.

An analysis of assessed valuations and other costs resulted in an estimated total cost of land, ready to build on, of not more than $9,000 per acre. Although an actual cost could not be determined without knowing all of the factors that would exist at the time of acquisition, for an 84-acre site the total cost of land, ready to build on, would be approximately $750,000. The estimated cost of buildings, paving, and utilities, based on construction costs in Baltimore in July, 1948 and on the type and size of market needed, would be about $4,054,750.

Assuming that the market would be built without contribution from any governmental agency and that the entire cost would be amortized and full taxes paid to the City, the estimated annual operating costs were established at $472,000, distributed as follows:

TABLE 9

ESTIMATED TOTAL ANNUAL OPERATING COSTS

Amortization on the land and construction cost of $4,804,750 over 30 years at 4% interest	$ 278,000
Taxes on land value of $300,000[1/] and improvements of $3,825,250 at $2.95/$100	121,500
Direct operating expenses	72,500
Total	$ 472,000

1/ Not including grading, architectural and engineering fees, and related costs.

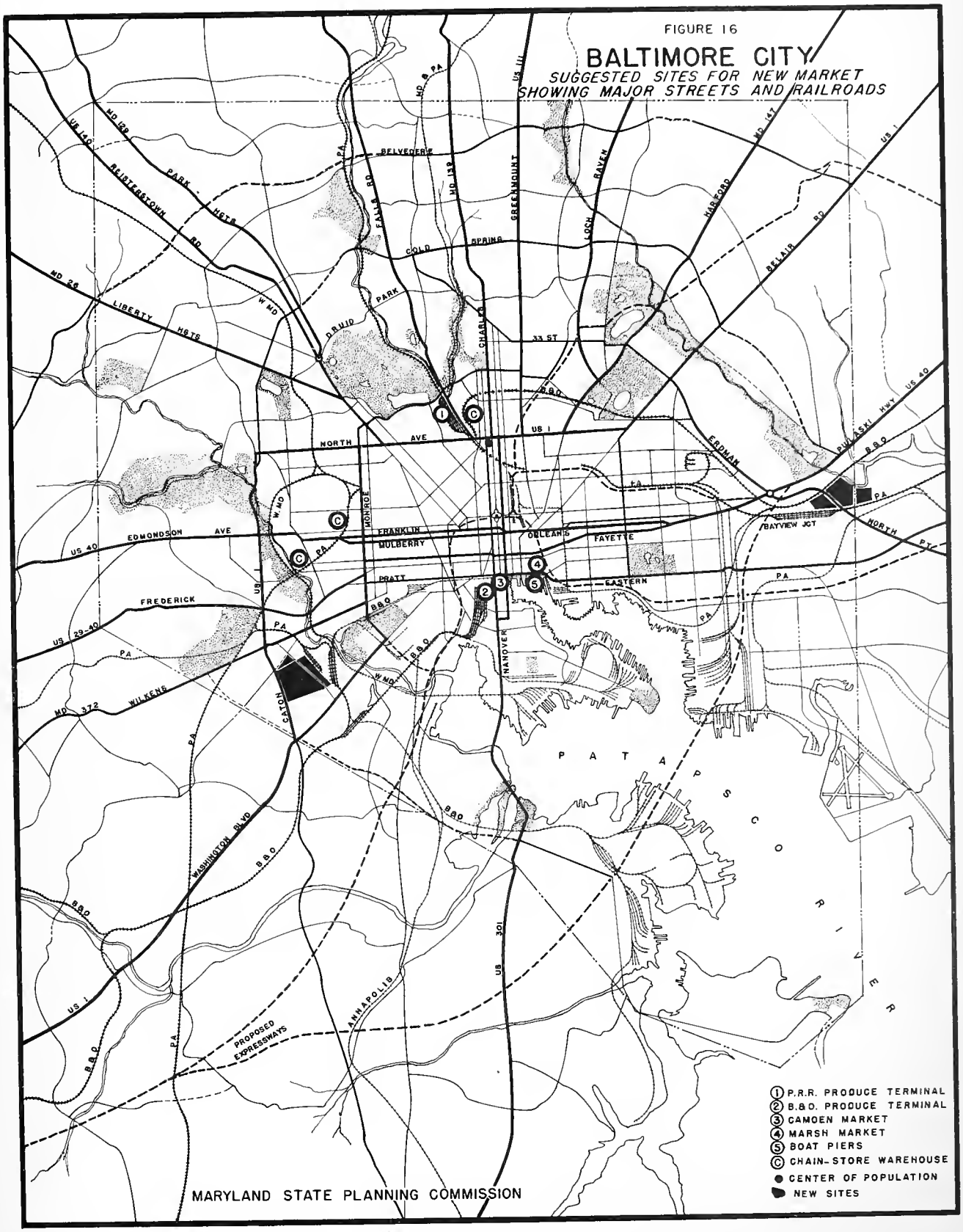


FIGURE 16
BALTIMORE CITY
SUGGESTED SITES FOR NEW MARKET
SHOWING MAJOR STREETS AND RAILROADS
MD 129
US 140
REISTERSTOWN RD
PARK HEIGHTS
MD 26
LIBERTY HEIGHTS
BELVEDERE
FALLS RD
MD 147
GREENMOUNT
LOCH RAVEN
HARFORD
BELAIR RD
US 1
COLD SPRING
W MD
DRUID PARK
CHARLES
33 ST
B&O
NORTH AVE
US 1
ERDMAN
PULASKI HWY US 40
PA
MONROE
FRANKLIN
MULBERRY
ORLEANS
FAYETTE
BAYVIEW JCT
NORTH
US 40
EDMONDSON AVE
PRATT
EASTERN
FREDERICK
US 29-40
US 1
HANOVER
CATON
MD 372
WILKENS
WASHINGTON BLVD
PATAPSCO RIVER
PROPOSED EXPRESSWAYS
ANNAPOLIS
US 301
1 P.R.R. PRODUCE TERMINAL
2 B.&O. PRODUCE TERMINAL
3 CAMDEN MARKET
4 MARSH MARKET
5 BOAT PIERS
C CHAIN-STORE WAREHOUSE
CENTER OF POPULATION
NEW SITES
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The report indicates the rents and other charges that would have to be made to meet these operating costs and make the market self-supporting. The proposed rents for store units were found to be comparable with the rentals for similar facilities in other cities. Although the rents in a new market would be higher than those now paid by many of the dealers, improved operating methods would make possible considerable savings in other areas.

A comparison of estimated costs in the present market and in a new market for rent, labor, cartage, spoilage and deterioration, theft, and breakage indicated that in a new market the cost for each item, except rent, would be considerably lower. A comparison of the estimated expenses for these items, in the present market and in a new market, for 109 fruit and vegetable dealers, showed possible savings of $476,000. A similar comparison of the costs of 10 poultry and egg dealers indicated potential savings of $86,000.

This tabulation does not attempt to cover all the savings that would be effected by operations conducted with modern equipment in efficient facilities. Buyers and other users of the wholesale market would also realize savings in dealing in a consolidated modern market. The City too would benefit, not alone from the collection of taxes from operations now conducted on tax-exempt property, but also through the more reasonable use of such municipal services, such as police and fire protection, garbage disposal, and street cleaning, and lighting. To the possible savings for the fruit, vegetable, poultry, and egg dealers must be added an estimated net saving of $45,000 to the City, making a total of over $600,000 per year. If these savings could be placed in a savings account they would pay off the entire cost of a new market in less than eight years.

The problem of the use to which the present market should be put is a serious matter to consider if a new market is to be built. The problem is

especially acute in the Camden area, where dealers who own a great deal of the market property fear that values would fall sharply if the market were moved. The Committee, after studying the existing buildings and the nature of the Camden area, felt that there were several uses to which the present market might profitably be adopted.

One suggestion was that the area be used for light long-term storage. This would relieve congestion in the streets and make possible full utilization of all the building space. The location of the area near the center of commercial trucking, Camden Station, and the docks makes it well suited for such a purpose. A joint-trucking terminal, badly needed in downtown Baltimore, might be another use. The area is in the center of the trucking industry where of some 125 firms only about 20 have adequate terminals. A third suggestion was that the site be used for City or State buildings or for a convention hall combined with a service building and garage. If the Marsh Market were moved, the area occupied by sheds might be used for parking space.

These suggestions were intended only to show some of the possibilities for use of these areas. It seemed probable that other uses of the areas could be developed that would be as profitable, if not more so, than their present use, and which would be of greater benefit to the City as a whole. One of the final recommendations in the report was that a Committee representing dealers owning market property, the Association of Commerce, and the City and State Planning Commissions be created to investigate all of the possibilities for other uses of the present market areas.

The Committee on Wholesale Market Facilities for Greater Baltimore concluded from its investigation that it is impossible for business to be conducted efficiently in the present market and that there is little that individuals or groups can do to correct the conditions that cause these inef-

ficiencies. The fundamental defect is the segmentalization of the market and the major need is for the consolidation of the Camden and Marsh markets and the B. & O. and Pennsylvania produce terminals. A new consolidated wholesale market could be constructed without City or State subsidy. Since an efficient wholesale market is of vital concern to the entire region the Committee recommended that legislation be enacted creating a nonprofit public corporation under State charter, which would be known as the Baltimore Wholesale Market Authority, and which would build and operate a new, consolidated wholesale market.

SURVEY OF LOCAL PLANNING IN MARYLAND 1/

This report was designed to serve as a handy reference to the status of planning in the State's political subdivisions. It surveys the development of local planning in Maryland, the authority for planning, and the use of that authority by the incorporated cities and the counties of the State. The survey points up the extent to which planning authority goes unutilized by the counties and indicates that many areas in the State have not yet undertaken long-range planning of their public improvements.

Yet, Maryland and its subdivisions were among the first to participate in planning movements. The establishment of municipal or local planning agencies preceded State, county, or regional agencies in the country as a whole, as well as in Maryland. Acting in 1910, Baltimore was one of the first municipalities in the country to create an official planning group. Since that time several other Maryland cities and counties have established planning agencies.

In general, planning is concerned with the use and development of the resources of the community so that their potentialities can be realized and utilized to maximum benefit. Programming of public improvements has been the most accepted and important field of planning for governmental bodies. The first public works project in Maryland was the construction of the State House and prison, proposed by the General Assembly in 1662. To finance this project "the sum of 300,000 pounds of tobacco and cask" had to be raised. There has been a gradual expansion of public works programs until, in the fiscal year of 1948, it was estimated that over $36,000,000 would be spent by the State for this purpose. With the increasing expenditures it became more and more important that sound planning and proper physical construction of improvements be

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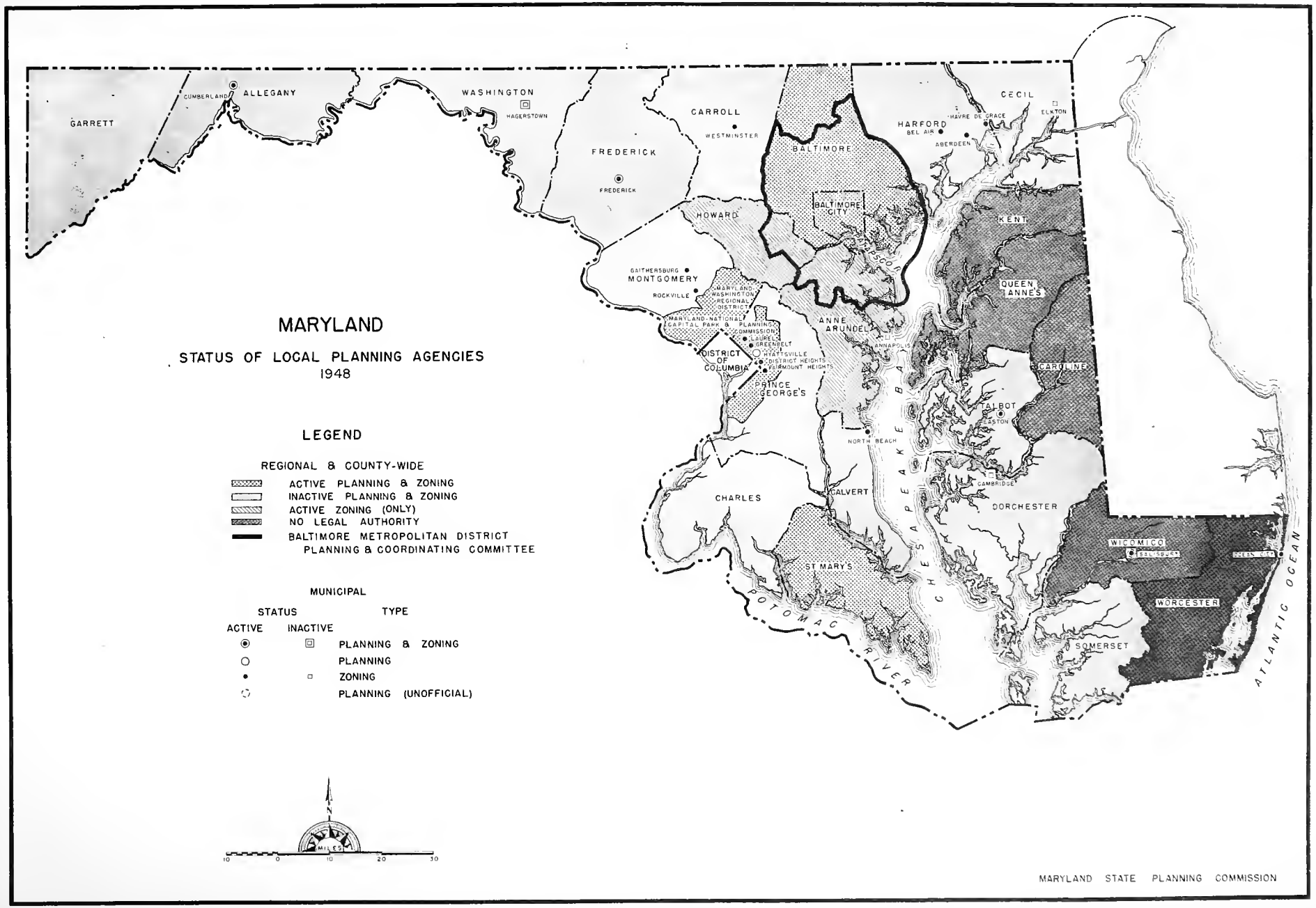
1/ Survey of Local Planning in Maryland, Maryland State Planning Commission, Publication No. 57, mimeographed, 61 pp., November 1948.



MARYLAND STATE PLANNING COMMISSION

assured.

The development of county planning proceeded slowly in Maryland. Baltimore County led the way in 1920 with the appointment of a Street Planning Commission. Baltimore County continued to enlarge and extend its planning activities until, in 1947, it established the Baltimore County Planning Commission with comprehensive planning functions, under the authority granted in the State-Wide Planning and Zoning Enabling Act of 1933.

Regional planning in Maryland came with the establishment, in 1927, of The Maryland-National Capital Park and Planning Commission with jurisdiction over those parts of Montgomery and Prince George's counties that are in the Maryland-Washington Metropolitan District. State-wide planning was initiated in 1933 with the establishment of the Maryland State Planning Commission, which was given general authority to prepare and coordinate plans for the development of the State as a whole.

The "Survey of Local Planning in Maryland" reproduces in the appendix the two major laws which granted authority to the counties and incorporated cities and towns to engage in comprehensive planning and zoning activities. The State Zoning Enabling Act of 1927 authorized incorporated cities and towns of more than 10,000 inhabitants to appoint zoning commissions to recommend the division of municipalities into districts and to recommend regulations to be enforced within such zones. In 1933 broader legislation was enacted in the State-Wide Planning and Zoning Enabling Act, which authorized all counties and incorporated cities and towns, except those specifically exempted, to undertake comprehensive planning, zoning, and subdivision control. The localities were authorized to appoint planning commissions with power to prepare master plans for the physical development of the communities and to adopt and effectuate such plans.

Relatively few of the counties and incorporated places covered by the legislation have acted on their authority. To date only four counties have utilized the authority granted them to establish comprehensive planning and/or zoning commissions. They are Baltimore, St. Mary's, Anne Arundel, and Howard counties. Baltimore, Cumberland, Frederick, Easton, and Salisbury have established planning and/or zoning commissions. However, the Salisbury Planning Commission does not have official status.

A major part of the report contains a summary of the planning authority and activity in Baltimore City and each of the counties. The report includes a map showing the status of planning and zoning in the 23 counties and the incorporated municipalities in Maryland.

MISCELLANEOUS ACTIVITIES

In addition to the publications discussed the Commission has, in the past two years, engaged in numerous activities in the areas considered below.

Site Planning

To assist the heads of the State's institutions and agencies in formulating their capital improvement programs the Commission held numerous planning panels. With the cooperation of the State Planning Commission and the Department of Public Improvements several of the State's institutions have worked out long-range construction programs. With the growth in population and demand for services, the State's institutions anticipate a need for additional buildings and facilities. It is essential that every institution have a comprehensive site plan so that each building can be constructed as part of an integrated program.

The Planning Commission, in cooperation with the officials of Morgan State College and the Department of Public Improvements, prepared a functional plan for the long-range development of Morgan College. The site plan, which provides for the location of all construction necessary to meet the anticipated growth of the institution, has been officially adopted by the Trustees of the College and is the plan by which the future development of the College will proceed.

Recreational Planning

A 676-acre site at Sandy Point, fronting on Chesapeake Bay, has been purchased by the State of Maryland. On the basis of a comprehensive study of potential bayside areas made in 1945, the State Planning Commission reported that the Sandy Point site was the best all-around location for the proposed park. It is gratifying to the Commission that the State has acquired this

valuable recreational area. The development of the area has been assigned to the Department of State Forests and Parks by the Board of Natural Resources. The State Planning Commission has prepared, at the request of the Board, comprehensive site plans for the development of the area for bathing and other recreational purposes.

Water Resources Studies

Integration of Water Resources Data Under the sponsorship of the State Planning Commission, the various State conservation agencies are cooperating in the pooling and exchange of water resources data. The aim of this program is to obviate the necessity of collecting separate sets of identical data for the different research projects and administrative programs under the jurisdiction of the Board of Natural Resources, State Department of Health, Water Pollution Control Commission, and State Planning Commission.

Anacostia River Survey A complete survey of the present utilization and condition of the Anacostia River is in process. With the assistance of Dr. John C. Geyer, Consultant, the Commission is studying the industrial uses, pollution control, and flood control of the River. The problem of continual flooding of Maryland communities on the banks of the Anacostia River is a serious one and must be solved in order to protect the health and well-being of the citizens residing in this area.

Fish-Stocking Practices in Lake Roland In cooperation with the Baltimore City Board of Recreation and Parks and the Sanitary Engineering Department of The Johns Hopkins University, the Commission released in May of 1948 a special report on the physical and chemical properties of Lake Roland. On the basis of the observations by Dr. Charles E. Renn and Lloyd C. MacMurray, it was pointed out that fertilization of Lake Roland would be a questionable undertaking. In its present condition, the Lake is suited mainly

for warm-water pan fish, but unfavorable to large populations of bass or lake trout. This project, which was completed with a minimum expenditure of funds by the Commission, is one of the many coordinating areas in which the State Planning Commission can be of valuable assistance to other State and local agencies.

Interstate Commission on the Potomac River Basin As a member of the Technical Committee, the Director of the State Planning Commission has participated actively in the meetings and programs of the Interstate Commission on the Potomac River Basin. Through the latter Commission, the states of Maryland, Pennsylvania, Virginia, and West Virginia and the District of Columbia are jointly supporting a broad pollution-abatement program for the Potomac River Basin.

Integration of Highway Planning

The Commission has attended joint meetings with the State Roads Commission to consider numerous problems connected with highway development. Proposals were considered for planning wayside parks and scenic lookouts along the State's highways. The Commission has also suggested that steps be taken to preserve valuable landmarks, wherever possible, and to see that new routes do not interfere with plans for future development of parks, game refuges, airports, and other public projects. The Commission will welcome further opportunities to cooperate with the State Highway Advisory Council and the State Roads Commission in the formulation of their program.

Conservation Program

The Commission has participated in all the joint meetings sponsored by the Board of Natural Resources. Meetings held last summer at the Chesapeake Biological Laboratory and Western Maryland were devoted to a revision of the "Six-Year Conservation Program" and a review of the parts of the "Six-Year

Capital Improvement Program" pertaining to the natural resources of the State.

Local Planning and Zoning

Expanding Communities The State Planning Commission continues to provide consultative services to local governmental units to assist them in meeting planning and zoning problems. The Commission has been working with Easton and Lexington Park in considering areas that might advantageously be annexed to these communities.

Capital Improvement Program for Anne Arundel County In cooperation with the Anne Arundel Board of County Commissioners, the Commission is developing a comprehensive capital improvement program for the County. As part of the program, the Commission has conducted a thorough review of the County's governmental structure, financial administration, tax system, and related socio-economic factors. The findings are being readied for presentation to the County Commissioners and will be published after the Commissioners' recommendations are incorporated into the report. This project represents a continuing effort on the part of the Commission to assist local governments in the long-range planning of their public works.

Economic and Industrial Development

To further the economic prosperity of the State, the Commission has made a determined effort to provide information to firms interested in locating branch plants here. Data secured from the various State agencies, including the Department of Labor and Industry, Department of Employment Security, Board of Natural Resources, and State Tax Commission, have been summarized in useful form, and transmitted to inquiring firms. Although the Commission has undertaken this activity on a small scale, the results have been gratifying, and plans are being made to resurvey the municipalities in the State periodically to keep the listing up to date.

In connection with the program to assist local areas in procuring new industries, the Commission has cooperated with the Industrial Promotion Committee of Cumberland, in an advisory capacity. The Committee, appointed by the City Council, has prepared a brochure of the City's industrial advantages for the purpose of inducing diversified industry to settle in Cumberland.

Excellent working relationships have been established with the Field Office of the U. S. Department of Commerce, Baltimore Association of Commerce, local chambers of commerce in Maryland, the Federal Reserve Bank, and industrial development agencies in other states, so that the Commission may keep informed on all important developments affecting our State's economic security. Of particular significance is the recently adopted f.o.b. pricing system of the steel industry. The Commission has made arrangements to undertake an examination of this development with regard to the effect on existing steel fabricators in the Baltimore area.

News Letter

In January, 1948 the Commission inaugurated the monthly publication NEWS LETTER. This mimeographed release is published for the express purpose of bringing to the people of Maryland information and news of local and Statewide planning significance. Correspondence received from local agencies and civic groups in all parts of the State has indicated an unusual interest and need for the type of information disseminated through NEWS LETTER.

Research Services

Several hundred inquiries are received each year by the State Planning Commission from nation-wide, regional, and local civic groups, as well as from Federal, State, county, and town officials, for statistical information and technical data on a wide variety of subjects related to planning. The material sought deals with such questions as population trends, health and med-

ical care, sanitary facilities, industrial development, zoning and land use, subdivision control, building regulations, conservation and recreation plans, educational programs, mapping, planning legislation, and current activities of the several municipal and county planning commissions in Maryland.

Answers to many of the questions posed are available through the Commission's specialized planning library and its extensive collection of reference material. In addition, the Staff is regularly called upon to conduct short-term research studies for official agencies and civic groups who are concerned with problems related to the public welfare. The Commission welcomes the opportunity to serve all these organizations and holds itself in readiness to render continued assistance in the accumulation and analysis of factual data insofar as the public welfare is concerned.

Since the formation of the Baltimore Metropolitan District Planning and Coordinating Committee in April 1948, the Commission also serves as a clearing house for maps, statistics, and reports of regional and local planning significance. This pooling of material provides a convenient means for making available to the public the assorted information on the greater Baltimore area. At the same time, it furnishes a valuable service to the four political subdivisions participating in the programs of the Baltimore Metropolitan District.